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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058039 (6)

ARCAN DEVELOPMENT, INC. Principal Place of Business Mailing Address 1361 AIRPORT ROAD NORTH 1361 AIRPORT ROAD NORTH NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/04/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0513418 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ARNOLD, DEAN A **1361 AIRPORT ROAD NORTH** Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 Zip Code City 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change ☐ Addition D TITLE ARNOLD, DEAN A NAME 1.2 NAME 1361 AIRPORT ROAD NORTH STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does perqualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in the end accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or this ceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attaching at with an address.

SIGNATURE:

3/3/98

94/-643-6333

FILED

Mar 09 1998 8:00am

Secretary of State