

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067108 (8)**

1. Corporation Name

ED ARNOLD CONSTRUCTION, INC.



Principal Place of Business

**2099 MAGNUS LN
JACKSONVILLE FL**

Mailing Address

**2099 MAGNUS LN
JACKSONVILLE FL**

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
04/06/1995

2. Principal Place of Business
21. **12041 BEACH Blvd**

2a. Mailing Address
26. **12041 BEACH Blvd**

Suite, Apt. #, etc.
22. **SUITE 22**

Suite, Apt. #, etc.
27. **SUITE 22**

City & State
23. **JACKSONVILLE, FL**

City & State
28. **JACKSONVILLE, FL**

Zip
24. **32246**

Zip
29. **32246**

4. FCI Number
59-3261594

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, WILLIAM E
2099 MAGNUS LN
JACKSONVILLE FL**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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's signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ARNOLD, WILLIAM T**
STREET ADDRESS **1100 SEAGATE AVE, 289**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE ☐ DELETE
NAME **D ARNOLD, WILLIAM E**
STREET ADDRESS **2099 MAGNUS LN**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **D ARNOLD, TONY S**
STREET ADDRESS **4722 QUARTERLAND DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an addition with an address.

SIGNATURE

William E. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Arnold
DIRECTOR

4/12/96
DATE

(904) 998-7400
DAYTIME PHONE

CR2E034 (12/95)