FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:03

DOCUMENT # **P94000091490 (0)**

1. Corporation Name

ARKAYS ENTERPRISES INC.

Principal Place of Business	Mailing Address
7439 SHEEPSHEAD DR. HUDSON FL 34667	7439 SHEEPSHEAD DR. HUDSON FL 34667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3287017 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEY, ROBERT L
7439 SHEEPSHEAD DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LEY, ROBERT L	12 NAME	
STREET ADDRESS	7439 SHEEPSHEAD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	14 CITY-ST-ZIP	
TITLE		21 TITLE	P ☐ Change ☒ Addition
NAME		22 NAME	Robert J. Wilson, Jr
STREET ADDRESS		23 STREET ADDRESS	Robert J. Wilson, Jr.
CITY-ST-ZIP		24 CITY-ST-ZIP	15529 Hicks Road Hudson, FL 34667
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	S John E. Tidd
STREET ADDRESS		33 STREET ADDRESS	11530 Hialeah Ave
CITY-ST-ZIP		34 CITY-ST-ZIP	New Port Richey, FL 34545
TITLE		41 TITLE	V ☐ Change ☐ Addition
NAME		42 NAME	Kenneth E. Wilson
STREET ADDRESS		43 STREET ADDRESS	502 Winsor Ave.
CITY-ST-ZIP		44 CITY-ST-ZIP	Windsor, CT 06068
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	T
STREET ADDRESS		53 STREET ADDRESS	Robert L. Ley
CITY-ST-ZIP		54 CITY-ST-ZIP	7439 Sheepshead Dr. Hudson, FL 34667
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, if changed, or on an attachment with an address.

SIGNATURE: _____ 3-18-95 813 253-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004174 FP