

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 003 ***150.00

DOCUMENT # P95000001969

1. Corporation Name
R.A.R.E. ARABIANS, INC.

Principal Place of Business
P.O. BOX 578
ODESSA FL 33556-0578

Mailing Address
P.O. BOX 578
ODESSA FL 33556-0578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

65-0525574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐

Yes ☐ No ☒ 4-17-99

2. Principal Place of Business

21 6851 SE 143rd Court
Suite, Apt. #, etc.

2a. Mailing Address

26 6851 SE 143rd Court
Suite, Apt. #, etc.

City & State

23 Morristown, FL
Zip Country

City & State

28 Morristown, FL
Zip Country

24 32668-5137 25 USA

29 32668-5137 30 USA

9. Name and Address of Current Registered Agent

LABRECQUE, EDWARD C
1202 NEBRASKA AVE.
SUITE B
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

Larry Schalles

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

5728 Main Street

83

84 City

New Port Richey, FL

85 Zip Code

34652

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

Larry C. Schalles

4-14-99

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COX, FREDERICK L
STREET ADDRESS P.O. BOX 578 N/A
CITY-ST-ZIP ODESSA FL 33556-0578

TITLE D ☐ DELETE

NAME COX, JOY
STREET ADDRESS P.O. BOX 578 N/A
CITY-ST-ZIP ODESSA FL 33556-0578

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition

1.2 NAME Cox, Frederick L.
1.3 STREET ADDRESS 6851 SE 143rd Court
1.4 CITY-ST-ZIP Morristown, FL 32668-5137

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Cox, Joy
2.3 STREET ADDRESS 6851 SE 143rd Court
2.4 CITY-ST-ZIP Morristown, FL 32668-5137

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 hereby certify that the information supplied with this filing does not qualify 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Joy Cox 4/13/99 352-528-0151

CR2E034 (11/98)

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