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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000008795 (3)

ARWOOD, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T I DERIVADE A LING ABOUT BOOK BROKE OF	IFLI ODINE ODIOL HOL	A FORW IN	ihi din iha
13255 LANIER ROAD JACKSONVILLE FL 32226		13255 LANIER ROAD JACKSONVILLE FL 32226		DO NOT WRITE	IN THIS SPAC	CE		
					3. Date Incorporated or Qualified 01/30/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		IAn	plied For
21		26			59-3302533		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				□ \$		dditional
22		27			5. Certificate of Status Desired	Ц ,	Fee Re	
City & State		City & State	City & State		6. Election Campalgn Financing		5.00	May Be
23		28			Trust Fund Contribution			
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa		_	
24	25	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		11 Name	10. Name and Address of New Ke	gistered Agei	ıt	
	RWOOD, JOHN C		ľ	Name				
	255 LANIER ROAD		82 Street Ad		ldress (P.O. Box Number is Not Acceptab	ie)		
JA	CKSONVILLE FL 32228		-	3				
			`	~				
			•	4 City		FL 8	Zip C	ode
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the abo	ve-named co	orporation submits this statement for the p		noina its	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	authorized	by the corpor	ration's board of directors. I hereby accept	ot the appointr	nent as i	registered
	THE TENNER WITH AND BOOCEN THE CONING	ations of, occitor cor. 5505, 11	ionaa olala					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registered	gent signature rec	guired when reinstaling)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITL	E		U	Change	Addition
NAME	ARWOOD, JOHN D		1.2 NAM	E				;
STREET ADDRESS	13255 LANIER ROAD		1.3 STA	ET ADDRESS				ļ
CITY-ST-ZIP	JACKSONVILLE FL 32226			-ST-ZIP	······································			
TITLE	STD	☐ DELETE	2.1 TITL	E .			Change	Addition [1
NAME	ARWOOD, JOHN C		2.2 NAME					İ
STREET ADDRESS	13255 LANIER ROAD	■ ⁻		ET ADDRESS		7		
CITY-ST-ZIP	JACKSONVILLE FL 32228	priete		(-ST-ZiP			C	Addition
TITLE		☐ DELETE	3.1 TITL			السا	Change	☐ Addition
NAME			3.2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CIT	r-ST-ZIP			Change	Addition
TITLE NAME			4.1 IIIL 4. 2 NAM	1		البا	or exculto	
			4	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	-	DELETE	5.1 TITL	-ST-ZIP		П	Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
				- ST- ZIP]
CITY-ST-ZIP TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM			_		
STREET ADDRESS				ET ADDRESS				1
CITY-ST-ZIP			0.4 UII1	-ST-ZIP	: 6 // . 446 65(6) (C. F.) 14: 6) I	4 11 112		(- f

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 good 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 trusted empoyered 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.