

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079152 (1)**

1. Corporation Name
ARLEN SCHALL INCORPORATED



Principal Place of Business: **3545 WIMBLEDON DR. PENSACOLA FL 32504**
Mailing Address: **3545 WIMBLEDON DR. PENSACOLA FL 32504**

3. Date Incorporated or Organized: **10/16/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3341259** Applied For: **091112** 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
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent
**SCHALL, ARLEN D
3545 WIMBLEDON DR.
PENSACOLA FL 32504**

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 607.1504, 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 I accept the obligations of, Section 607.0415, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	SCHALL, ARLEN D	
STREET ADDRESS	3545 WIMBLEDON DR.	
CITY, ST, ZIP	PENSACOLA FL 32504	
TITLE	D	[] DELETE
NAME	SCHALL, EILEEN D	
STREET ADDRESS	3545 WIMBLEDON DR.	
CITY, ST, ZIP	PENSACOLA FL 32504	
TITLE	[] DELETE	[] DELETE
NAME	[] DELETE	
STREET ADDRESS	[] DELETE	
CITY, ST, ZIP	[] DELETE	
TITLE	[] DELETE	[] DELETE
NAME	[] DELETE	
STREET ADDRESS	[] DELETE	
CITY, ST, ZIP	[] DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	[] Change [] Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	[] Change [] Addition
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	[] Change [] Addition
41 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	[] Change [] Addition
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	[] Change [] Addition
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on 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 included 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 on the filing date or business day immediately preceding the filing date, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change of registered office or registered agent report with a title.

SIGNATURE: *Arden D. Schall* 4/5/96 (904) 476-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)