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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019193 (7)

1. Corporation Name

J. ARIENS & ASSOCIATES INC.

Principal Place of Business

619 MADRID BLVD.
PUNTA GORDA FL 33950

Mailing Address

619 MADRID BLVD.
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

65-0652299

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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 of Dolly, 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] President, J. Ariens & Associates Inc.

4/19/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D ARIENS, JEFF
STREET ADDRESS
619 MADRID BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
D ARIENS, JULIE
STREET ADDRESS
619 MADRID BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
D ARIENS, BETTE
STREET ADDRESS
619 MADRID BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME
D RANSON, KATHERINE
STREET ADDRESS
619 MADRID BLVD.
CITY-ST-ZIP
PUNTA GORDA FL 33950

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 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, or on an attachment with an address.

SIGNATURE

5/3/98

941-639-8002

CR2E034 (10/97)