

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042226 (6)

1. Corporation Name
FIVE ARROWS, INC.

Principal Place of Business

910 E 127TH AVE
TAMPA FL 33612

Mailing Address

910 E 127TH AVE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1996

3a. Date of Last Report
5-17-96

4. FEI Number
59-3383861

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 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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TYER, STEPHEN J
910 E 127TH AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name TYER, STEPHEN J.

82 Street Address (P.O. Box Number is Not Acceptable)
910 E. 127TH AVE.

83

84 City TAMPA

FL

85 Zip Code 33612

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

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

(NOTE: Registered Agent signature required when reinstating)

8-4-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TYER, STEPHEN J
STREET ADDRESS 7015 SKYLANE DR
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

TITLE D
NAME MONROE, TODD M
STREET ADDRESS 8108 VINELAND OAKS BLVD
CITY-ST-ZIP ORLANDO FL 32835 ☐ DELETE

TITLE D
NAME SCANELLA, DANIEL V
STREET ADDRESS 1419 84TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ DELETE

TITLE D
NAME PARKER, ROBERT M
STREET ADDRESS 12323 VICKSBURG DR
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE D
NAME WEIGEL, PAUL H
STREET ADDRESS 12520 ST CHARLOTTE DR
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASSMT-S ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 10109 LINDELAAN DR.
5.4 CITY-ST-ZIP TAMPA, FL. 33618

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 [Signature] DATE 8-4-97

CP2E034 (4/97)