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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000 48624

1. Corporation Name

Principal Place of Business

A.R. Benson, Inc.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90181 043 ***150.00



1233	8 E-Twin Sands TKA	11 P.O. Box	۱۱۵۹	752				
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094	3010111/ 12 000	, (3			695	Date Incorporated or Qualifed		
						6-6-96		
Principal Place of Business 2a. Mailing Address						4. FEI Number	 	Applied For
21 1238 E. Twin Sands TKAI 1 26 P.O. BOX 169						59-3389231		Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 22				7.17	_	5. Certificate of Status Desired		Additional _ Required
City & State City & State				<i>—</i>		6. Election Campaign Financing		0 May Be
23 Tacksonville the 28 Jacksonvi				e th		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	_ `	intry		8. This corporation owes the current year		□N∪
24 32	[25]		30	1		Personal Property Tax. 10. Name and Address of New Register	Yes_	
	9. Name and Address of Current	Registered Agent		81 Nam		10. Name and Address of New Register	eu Ageni	
				l main				
				82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)		
				83				
				84 City		F	-L 85 Zip	Code .
office or r	egistered agent, or both, in the State of	Florida. Such change was auti	horized	i by the co	d corpor	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing it	s registured egistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered agent at	of title if applicable (NOTE: R	enslered	Anent signatur	e required w	vhen reinstating) DATE		
12.	OFFICERS AND		13.	- gorn organization	2 1040#20 W	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS in 12
TITLE	President, U.P., Tree		1.1 Til	LE	T		☐ Change	
NAME	1/1 clus 0 (5005xx		1.2 NAME					
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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, with all other like empowered.

SIGNATURE:

Adyn R. Benson

4-21-99

904-220-275