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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000086848

1. Corporation Name

ARNOLD & CONSTABLE, INC.

Principal Place of Business
3631 LAKE PADGETT DRIVE
LAND O' LAKES FL 34639

Mailing Address

3631 LAKE PADGETT DRIVE LAND O' LAKES FL 34639

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

05-06-1999 90074 028 \*\*\*150.00



				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed	•			
					10/21/1996			i	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				A	pplied For	
21		26			59-3406726		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			J. Certificate of Status Desired		Fee R	equired	
City & Stat	е	City & State		6. Election Campaign Financing	П	\$5.00	May Be		
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_ Coun	try	8. This corporation owes the curre	ent year Intang	gible	_/	
24	25	29 30			Personal Property Tax.		] Yes	₽No_	
Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Ag	ent		
AAAEDII AUAVED ODADTERED				Name	Puin ME Gast				
AMERILAWYER CHARTERED				32 Street Add	Ruin 19=6usty dress (P.O. Box Number is Not Accepta	ble)			
343 ALMERIA AVENUE				36	31 Lake Palact	Dr.			
CORAL GABLES FL 33134				33	<del></del>				
			ļ,	24			1 70-		
			1	City Car	od O'lates	FL	85 Zip	Code K	
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 reped or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	DRS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITU	<b>=</b>			Change	Addition	
NAME {	MCGUSTY, EDWIN A		1.2 NAM	E					
STREET ADDRESS	3631 LAKE PADGETT DRIVE		1.3 STR	EET ADDRESS				1	
CITY-ST-ZIP	LAND O' LAKES FL 34639		1.4 CITY						
TITLE	VD .	☐ DELETE	2.1 TITL			Г	Change	Addition	
NAME	MCGUSTY, JAMES C		2.2 NAM	F		<del></del>		_ ]	
STREET ADDRESS	3631 LAKE PADGETT DRIVE		1	ET ADORESS				İ	
CITY-ST-ZIP	LAND O' LAKES FL 34639		<b>.</b>	-ST-ZIP				-	
TITLE	Build a Build Landon	☐ DÉLETE	3.1 TITL				Change	Addition	
NAME			3.2 NAM			_	_ <b>J</b>		
STREET ADDRESS				EET ADDRESS					
								1	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLI	'-ST-ZIP			7 Change	Addition	
NAME			4. 2 NAM			_	_ change		
<b>\</b>			1					}	
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY			<del></del>	Change	Addition	
TITLE		□ pereie	5.1 TITLE 5.2 NAM			L	_ change	ET YOURKII	
NAME			ı	ET ADORESS					
STREET ADDRESS									
CITY-ST-ZIP		Opciere	5.4 CITY 6.1 TITLE				10	[ ] Addition	
TITLE		☐ DELETE	1	Í		L	] Change	Addition	
NAME			6.2 NAM	l				ļ	
STREET ADDRESS			6.3 STRE	ET ADDRESS				1	

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:

CR2E034 (11/98)