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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000089563 (6)

ARDE, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



850 OLD DIRT ROAD TALLAHASSEE FL 32311			650 OLD DIRT ROAD TALLAHASSEE FL 32311-4575					
						3. Date incorporated or Qualified 10/31/1996	3a. Date of La	ast Report
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	·	Applied For
21		26	26			59-3411567	Not Applicable	
Suite, Apt. #, etc.		St	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	75 Additional
22		27	7			5. Certificate of Status Desired		
City & State		Ci	City & State		6. Election Campaign Financing	_ +=:==, ==		
23		28	d		Trust Fund Contribution Added to Fees			
Zip	Country	Zi,	р	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30	Florida Statutes Yes No			
	9. Name and Address of Curr	ent Register	ad Agent	81	T-51	10. Name and Address of New Reg	jistered Agent	
	(ARD, J.A.			81	Name			
650 OLD DIRT ROAD			82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32311				-				
				B3	<b>'</b>			
-				84	City		FL 85	Zip Code
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obj	502 and 607. ite of Florida. igations of, S	1508, Florida Statu Such change was ection 607.0505, F	utes, the above authorized be forida Statute	re-named co by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep		ing its registered nt as registered
SIGNATURE .	Signature, typed or profed name of registered					uired when reinstating)	DATE	
12.		ND DIRECTO	·	13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	P		DELETE	1.1 TITLE			Ctia	inge Addition
NAME	PICKARD, JOSEPH A			1.2 NAME				1
STREET ADDRESS	650 OLD DIRT ROAD			1.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311			1,4 CITY -	ST-ZIP			-
TITLE	VP		DELFTE	2.1 TITLE			☐ Cha	inge 🔲 Addition
NAME	COGNETTA, ARMAND B JR			2.2 NAME				
STREET ADDRESS	648 FORREST LANE			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			2. 4 CITY	ST - ZIP			
TITLE	S		DELFTE	3.1 THLE			1 Cha	inge 🔲 Addition
NAME	COGNETTA, SUZANNE JR.			3.2 NAME				
STREET ADDRESS	648 FORREST LANE			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			3.4. CITY	-ST-7IP			
TITLE	T		DELETE	4.1 1111.1			☐ Cha	enge 🔲 Addition
NAME	PICKARD, BETTY T			4-2 NAM				
STREET ADDRESS	650 OLD DIRT ROAD			4 3 STREE	T ADDRESS			
CITY-ST-ZIP	TALLAHASEE FL 32311			4.4 City -	ST-7IP			
TITLE	<del></del>		☐ DELETE	5 1 1MLE			☐ Cha	ange Addition
NAME				5.2 NAME				
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP				5.4 CHY-				
TITLE	A CONTRACTOR OF THE PROPERTY O		DELETE	6.1 TITLE			☐ Cha	ange Addition
NAME				G.2 NAME				ļ
STREET ADORESS					T ADDRESS			ļ
CITY-ST-ZIP				6.4 CITY-	1			-
	ov certify that the information supp	lied with this	filina does not qua			ed in Section 119.07(3)(i), Florida Statute	s. 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.

Account 1/+

904)878-872