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Mailing Address

JUPITER FL 33477

1095 A1A

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096905

1. Corporation Name

ARFO, INC.

1095 A1A

JUPITER FL 33477

Principal Place of Business

11/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0715493 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing ГΊ 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes the current year Intangible 24 □No 30 Personal Property Tax. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHITE, CHARLES R. L ESQ Street Address (P.O. Box Number is Not Acceptable) 82 725 NORTH A1A #E-102 JUPITER FL 33477 83 84 Zip Code City 85 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 CR2E034 (11/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE ☐ Change 1.1 TITLE TITLE FOLK, AUGUSTUS R 1.2 NAME NAME 18965 S.E. SOUTHGATE DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TM F Change Addition TITLE WARK, JOSEPH W NAME 22 NAME 171 APOLLO CIRCLE STREET ADDRESS 2.3 STREET ADDRESS JUPITER FL 33477 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE The Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Addition

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.

4.1 TITLE 4 2 NAME

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 C/TY-ST-Z/P

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TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

Change

Change

☐ Change

☐ Addition

☐ Addition

FILED Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90125 027 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed