

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90027 024 ***150.00

DOCUMENT # **P97000022524** ✓

1. Corporation Name

ARNOLD ASSOCIATES SOUTHWEST FLORIDA INC.

Principal Place of Business

**121 N OSCEOLA AVE
CLEARWATER FL 34615**

Mailing Address

**121 N OSCEOLA AVE
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 12, 1997

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3425588

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, LEE E JR
121 N OSCEOLA AVE
CLEARWATER FL 34615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ARNOLD, LEE E JR**
STREET ADDRESS **121 N OSCEOLA AVE**
CITY-ST-ZIP **CLEARWATER FL 33755**

1.1 TITLE ☐ Change ☐ Add

TITLE **P** ☐ DELETE

NAME **DUFFY, P**
STREET ADDRESS **41 WEYMOUTH DR**
CITY-ST-ZIP **CLEARWATER FL 34624**

2.1 TITLE ☐ Change ☐ Add

TITLE **D** ☐ DELETE

NAME **Lippeck, Karl T.**
STREET ADDRESS **1298 Beacon Cove Lane**
CITY-ST-ZIP **Pt Myers, FL 33919**

3.1 TITLE ☐ Change ☐ Add

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Duffy 4/28/99 727-442-7184
Date Daytime Phone #