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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B: Mörijam

Secretary of State
DIVISION OF CORPORATIONS

1998

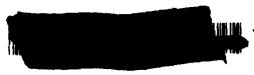
OCUMENT # P97000107881 (9)

Arable's

Principal Place of Business

Mailing Address

## FILED Jun 05 1998 8:00am Secretary of State



4425 MANUCY ROAD 4425 MANUCY ROAD ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 2 27 City & State \$5.00 May Be City & State 6. Election Campalgn Financing Trust Fund Contribution Added to Fees 13 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ARABIE, TONY 4425 MANUCY ROAD Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32095 <u>A3</u> 84 City 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1.1 TITLE Change Addition ARABIE, TONY NAME 12 MAME 4425 MANUCY ROAD STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32095 CITY-ST-ZIP 1.4 CITY-ST-ZIP TiTI F DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - ST-ZIP DELETE TITLE 3 1 71716 Change Addition 600002551306 -06/08/98--01080--021 3 2 NAME STREET ADDRESS 33 STREET ADDRESS 217Y-ST-21P 34. CITY - ST- ZIP \*\*\*150.00 TILE DELETE 4.1 TITLE Change Addition **WANT** 4. 2 NAME TREET ADDRESS 43 STREET ADDRESS MIY-ST-ZIP 4.4 CITY-ST-ZIP THE DELETE 5.1 TI7LE MME 5.2 NAME TREET ADDRESS **5.3 STREET ADDRESS** 11Y-ST-21P 5.4 CITY-ST-ZIP ITLE DELETE 61 TITLE Change AME 6.2 NAME TREET ADDRESS 6.3 STREFT ADDRESS 64 CITY - ST- ZIP

Thereby 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 their my signature shall be in the supplemental annual report.

5-1-91