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 # P98000007723

1. Corporation Name

ARRINGTON CONSULTING, INC.

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90120 005 ***150.00

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Principal Place of Business Mailing Address) (Aditati ita inint inin) B(() ##()) ##()\ #B(() #	,2111 10017 10070	
=202 SAND KEY ESTATES DRIVE 202 SAND KEY ESTATES DRIVE CLEARWATER FL 33767* GLEARWATER FL-33767*								
					DO NO	T WRITE IN THIS	SPACE	
					3. Date Incorporated or Qu 01/23/1998	alifed		
2. Principal Place of Business 21. ACA4 W. Grand Reserve 26. Sonu 7					4. FEI Number 3492	004	<u> </u>	plied For t Applicable
Suite, Apt. #, etcl. 718 Suite, Apt. Potes 22 27					5. Certifcate of Status Des	ired 🔲 :	\$8.75 A	
City & Stat					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				79 8. This corporation owes the current		ne current year Int	year Intangible	
24 <i>3</i> 37	33759 25 29 30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	Agent	
			81	NameC1	isan H. Arri	notan		
ARRINGTON, SUSAN H				82 Street Address (P.O. Box Number is Nour scentable) V. Grono Reserve Cir. # 718				
	SAND KEY ESTATES DRIVE			duay	W. Grana P	CSERVE	<u> </u>	T //8
CLEA	ARWATER FL 33767		83				1.	
			84	Eleon	rwater	'FL	85 33	759
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	thorized by	e-named corporation	oration submits this statement	or the purpose of accept the appoi	changing its ntment as rec	registered gistered
SIGNATURE	, , ,							
	Signature, typed or printed name of registered agent		Registered Ager	nt signature required	ADDITIONS/CHANGES	DATE TO OFFICERS AN	ID DIRECTO	PS IN 12
TITLE PRE	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES	O OI HOLKS AL	Change	Addition
NAME	Susan H. HITIN	Dervo	1.2 NAME		•			_
STREET ADDRESS	2624 W. Grung	1 hasir		T ADDRESS				
	al an artificial	8-1 33767	1.4 CITY-S					
CITY-ST-ZIP TITLE	CICORWATER —	☐ DELETE	2.1 TITLE	1-21-	UW/E		Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				1
			2. 4 CITY-5					ļ
CITY-ST-ZIP TITLE			3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···		Change	☐ Addition
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CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				****
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			,	Change	☐ Addition
NAME			6.2 NAME			-		;
STREET ADDRESS			6.3 STREE	TADDRESS	•			

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 attachmy with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP