

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| -   |                     |  | <del></del>                                  |              |           |               |  |   |  |  |  |
|---|---------------------|--|--|--------------|-----------|---------------|--|---|--|--|--|
| '' '  | Corporation         |  |  |              |           |               |  |   |  |  |  |
| '   | ARNOTT              | INDUSTRIES, INC.   |  |              |           |               |  |   |  |  |  |
| Prin  | cipal Place         | of Business  | Mailing Address                              | _            |           |               | \$ 198 tings (IN 1914) thirt dolls barre   | 78()  <b>48</b> (8) (18) 4(4)   |  |  |  |
| 1021 PINE STREET 1021 PINE STREET ORLANDO FL 32824 ORLANDO FL 32824 |                     |  |  |              |           |               | DO NOT WRITE   | IN THIS SPACE   |  |  |  |
|   |                     |  |  |              |           |               | 3. Date Incorporated or Qualifed 02/13/1998  |   |  |  |  |
| 2. [  | Principal Pl        | ace of Business  | 2a. Mailing Address                          |              |           |               | 4. FEI Number 59-349   79  | , <u> </u>  |  |  |  |
|   | Suite, Apt.         | #, etc.  | Suite, Apt. #, etc                           | C            |           |               |  | \$8.7<br>Fe   |  |  |  |
|   | City & State City & |  |  | _            |           |               | Election Campaign Financing     Trust Fund Contribution  | □ \$5.<br>Ad  |  |  |  |
|   | Zip                 |  |  |              | Country   |               | This corporation owes the curren     Personal Property Tax.                                      | 8. This corporation owes the current year Intangible Personal Property Tax. |  |  |  |
|   |                     | 9. Name and Address of Curr  | ent Registered Agent                         |              |           |               | 10. Name and Address of New Reg  | gistered Agent  |  |  |  |
|   |                     |  |  |              | 81        | Name          |  |   |  |  |  |
|   |                     | OTT, ADAM M  |  |              | 82        | Street        | Address (P.O. Box Number is Not Acceptabl  | e)  |  |  |  |
|   | 1021 PINE STREET    |  |  |              |           |               |  |   |  |  |  |
|   | OHL                 | ANDO FL 32824  |  |              | 83        |               |  |   |  |  |  |
| _   |                     |  | •  |              | 84        | - •           |  | FL 85   |  |  |  |
| 11.   | office or re        | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stal<br>m familiar with, and accept the obli | te of Florida. Such change                   | was authori: | zed by    | the corpo     | corporation submits this statement for the pure oration's board of directors. I hereby accept to | rpose of changir<br>the appointment a                                       |  |  |  |
| SIG   | SNATURE             |  |  |              |           |               |  | DATE  |  |  |  |
| 42  |                     | Signature, typed or printed name of registered a   | gent and title if applicable.  AND DIRECTORS | <del></del>  | 3.        | t signature r | required when reinstating) ADDITIONS/CHANGES TO OFFICE   |   |  |  |  |
| 12.   |                     | OFFICERS /   | DELE   |              | 1 TMLE    |               | Pres   | Cha   |  |  |  |
| NAME  |                     |  | _  | 1.           | 2 NAME    |               | Adam Arnott  |   |  |  |  |
|   | EET ADDRESS         |  |  | 1.           | 3 STREET  | ADDRESS       | 3118 Butter Bay  | Drive N   |  |  |  |
| 1   | -ST-ZIP             |  |  |              | 4 CITY-S1 |               | Windermere, FL   | 34786   |  |  |  |

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90072 007 \*\*\*150.00

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Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

|   |   | - L        |                |                                    |                 |                             |            |  |  |  |  |  |
|---|---|------------|----------------|------------------------------------|-----------------|-----------------------------|------------|--|--|--|--|--|
|   |   | 84         | City           |                                    |                 | FL 85 Zip C                 |            |  |  |  |  |  |
| 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  |   |            |                |                                    |                 |                             |            |  |  |  |  |  |
|   | organization, types of printed the state of | <u>-</u> _ | it signature i | ADDITIONS/CHANGE                   | S TO OFFIC      | ERS AND DIRECTO             | RS IN 12   |  |  |  |  |  |
| 12.   | 0111021101112   |            |                |                                    | 3 10 01 110     | Change                      | Addition   |  |  |  |  |  |
| TITLE   | ☐ DELETE 1.   | TITLE      |                | Pres                               |                 |                             | Addition   |  |  |  |  |  |
| NAME  | <b>1</b> ***  | NAME       |                | Adam Arno                          | <del>5</del> 7  | Drug Al                     |            |  |  |  |  |  |
| STREET ADDRESS  | 1.3   | STREET     | ADDRESS        | 3118 Butter                        | bay 1           | of ive iv                   |            |  |  |  |  |  |
| CITY-ST-ZIP   |   | CITY-S     | T-ZIP          | Windermere,                        | <u>_FL</u>      | 34786                       |            |  |  |  |  |  |
| TITLE   | ☐ DELETE 2:   | TITLE      |                | √P                                 |                 | ☐ Change                    | Addition   |  |  |  |  |  |
| NAME  | . 23  | NAME       |                | Donald Arno                        | <b>*</b>        | N                           |            |  |  |  |  |  |
| STREET ADDRESS  | 2.3   | STREET     | ADDRESS        | 3118 Butler                        | Bay 1           | Drive 10                    |            |  |  |  |  |  |
| CITY-ST-ZIP   | 2.  | 4 CITY-S   | :T-ZIP         | Windermere,                        | FL_             | 34786                       |            |  |  |  |  |  |
| TITLE   | DELETE 3:   | TITLE      | -              | 3/T .                              |                 | ☐ Change                    | Addition   |  |  |  |  |  |
| NAME  | 33  | NAME       |                | 1                                  | F=15            | Deve M                      |            |  |  |  |  |  |
| STREET ADDRESS  | 3:  | STREET     | ADDRESS        | 3148 Butler                        | Bay             | Drive N                     | i          |  |  |  |  |  |
| CITY-ST-ZIP   | 3.  | LOTY-S     | T-ZIP          | Winder mere                        | , FL            | 34786                       |            |  |  |  |  |  |
| TITLE   | DELETE 4.   | TITLE      |                |                                    |                 | ☐ Change                    | ☐ Addition |  |  |  |  |  |
| NAME  | . , 4.  | 2 NAME.    |                |                                    |                 |                             |            |  |  |  |  |  |
| STREET ADDRESS  | 4.5   | STREET     | ADDRESS        |                                    |                 |                             |            |  |  |  |  |  |
| CITY-ST-ZIP   | 4.  | CITY-S     | T-ZIP          |                                    | <u></u>         |                             |            |  |  |  |  |  |
| TITLE   | - · · · · · - · - · - · · - · · · · · ·   | TITLE      |                |                                    |                 | Change                      | ☐ Addition |  |  |  |  |  |
| NAME  | 5.  | NAME       |                |                                    |                 |                             |            |  |  |  |  |  |
| STREET ADDRESS  | •   | STREE      | TADDRESS       |                                    |                 |                             |            |  |  |  |  |  |
| CITY-ST-ZIP   | . 5.  | CITY-S     | 1-2IP          |                                    |                 |                             |            |  |  |  |  |  |
| TITLE   | DELETE 6.   | TITLE      |                |                                    |                 | Change                      | Addition   |  |  |  |  |  |
| NAME  | 6.  | NAME       |                |                                    | -               | es production of the second |            |  |  |  |  |  |
| STREET ADORESS  | 6.  | STREE      | T ADDRESS      |                                    |                 |                             |            |  |  |  |  |  |
| CITY-ST-ZIP   |   | CITY-S     | T-ZIP          |                                    |                 |                             |            |  |  |  |  |  |
| 14 I hereby (   | certify that the information supplied with this filing does not qualify for the e   | xemnt      | ion stated     | d in Section 119.07(3)(i). Florida | Statutes, I fui | ther certify that the in    | nformation |  |  |  |  |  |

Indicated on this annual report or supplied with this liming does not quality to the exemption stated if Section 19.07(5)(f), Florida Statutes. Indicated so 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()