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 # P9800034675

1. Corporation Name

A-A-A A ARNOT ACCOUNTING, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90025 023 ***150.00



Mailing Address Principal Place of Business 4355 DOW ROAD 4355 DOW ROAD MELBOURNE FL 32934-9220 MELBOURNE FL 32934-9220 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/10/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 4270 CAPPON 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Fee Required 27 22 City & State \$5.00 May Be City & State 6.º Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Yes □No 29 32780-65 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ARNDT, JEFFREY W Street Address (P.O. Box Number is Not Acceptable) 82 4355 DOW ROAD **MELBOURNE FL 32934-9220** 83 84 85 Zip Code City 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 requi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TID F TITLE ARNOT, JEFFREY W 1.2 NAME NAME 4270 CAPRON RD. 1.3 STREET ADDRESS STREET ADDRESS **TITUSVILLE FL 32780-6570** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)