

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
**ARKAY SYSTEMS, INC.**

Mailing Address  
~~662 N. SULLY RD.~~ P.O. Box 20685  
SARASOTA FL ~~34207~~ 34276-3685

[illegible]

DO NOT WRITE IN THIS SPACE

2a. Mailing Address  
2b. P.O. Box 20685  
Suite, Apt. #, etc.

City & State  
28 SARASOTA, FL  
Zip Country  
20 34771-3685 30

29	34276-3685	30
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Registered Agent	
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10/15/1998

4. FBI Number  
65-0868899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

KOSEY, RONALD F  
7052 N.SERENOA DR.  
SARASOTA FL 34241

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. CITY-TELEPHONE		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD F. KOSEY		
1.3 STREET ADDRESS	<del>SARASOTA, FL 34276-3685</del>		P.O. Box 20685
1.4 CITY-ST-ZIP	SARASOTA, FL 34276-3685		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

2.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY, ST., ZIP				

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.4 DATA SHEET			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE				
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY, ST, ZIP				

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY ST ZIP	

4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP

CITY/STATE	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

CITY, ST, ZIP	TIME	NAME	STREET ADDRESS	CITY, ST, ZIP

☐ DELETE

8.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8.2 NAME				
8.3 STREET ADDRESS				
8.4 CITY - ST - ZIP				

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

941-927-5118  
Daytime Phone #

CR2E034 (11/98)