

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90039 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000105339

1. Corporation Name
ARROWNET, INC.

Principal Place of Business
16001 SW MARKET STREET
INDIANTOWN FL 34956

Mailing Address
16001 SW MARKET STREET
INDIANTOWN FL 34956



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

65-0881716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TWOHEY, CHRISTOPHER J ESQ.
C/O BAUER & TWOHEY, P.A.
312 DENVER AVENUE
STUART FL 34994**

81 Name **Robert M. Post, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
16001 S.W. Market Street

83

84 City **Indiantown**

FL

85 Zip Code
34956

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

Robert M. Post, Jr.

03/18/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D TWOHEY, CHRISTOPHER J**
STREET ADDRESS **312 DENVER AVENUE**
CITY-ST-ZIP **STUART FL 34994**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Angel Bermudez**
1.3 STREET ADDRESS **6519 141st Lane**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **Linda Post**
2.3 STREET ADDRESS **1130 SW Chapman Way**
2.4 CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **Jeffrey S. Leslie**
3.3 STREET ADDRESS **4153 Wingo Street**
3.4 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

S. Leslie 03/18/99 (561) 597-2104

Date

Daytime Phone #

CR2E034 (11/98)