

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S44000** (5)

1. Corporation Name

**TRACY ARRINGTON ASSOCIATES, INC.**



Principal Place of Business

**2400 N. FORSYTH  
SUITE 201  
ORLANDO FL 32807  
US**

Mailing Address

**2400 N. FORSYTH  
SUITE 201  
ORLANDO FL 32807  
US**

3. Date Incorporated or Qualified  
**03/27/1991**

3a. Date of Last Report  
**07/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3932 Calibre Bend Tr.** 26 **3932 Calibre Bend Tr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#110**

27 **#110**

City & State

City & State

23 **Winter Park, FL**

28 **Winter Park, FL**

Zip

Zip

Country

Country

24 **32792**

25 **USA**

29 **32792**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARRINGTON, TRACY  
2400 N. FORSYTHE ROAD  
SUITE 207  
ORLANDO FL 32807**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ARRINGTON, TRACY**  
STREET ADDRESS **3932 CALIBRE BEND TR.**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **V** ☐ DELETE

NAME **ARRINGTON, CAROL**  
STREET ADDRESS **1208 ALEXA DRIVE**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)