

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

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S65467** (0)

1. Corporation Name
ARCTIC SERVICES, INC.

Principal Place of Business P O BOX 37 DAVENPORT FL 33637-0037	Mailing Address P O BOX 37 DAVENPORT FL 33836-0037
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 02/12/1996
21		26		4. FEI Number 59-3080408	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROCKER, J. THOMAS 2255 CRUMP RD. WINTER HAVEN FL 33881				81	Name ROCKER, J. THOMAS
				82	Street Address (P.O. Box Number is Not Acceptable) 2740 SEQUOYAH DR
				83	
				84	City HAINES CITY FL 85 Zip Code 33844

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	ROCKER, J. THOMAS	1.2 NAME	ROCKER, J. THOMAS
STREET ADDRESS	2255 CRUMP RD.	1.3 STREET ADDRESS	2740 SEQUOYAH DR
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	HAINES CITY, FL 33844-9574
TITLE	STD	2.1 TITLE	S/T/D
NAME	ROCKER, KAY W.	2.2 NAME	ROCKER, KAY W.
STREET ADDRESS	2255 CRUMP RD.	2.3 STREET ADDRESS	2740 SEQUOYAH DR
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	HAINES CITY, FL 33844-9574
TITLE	VD	3.1 TITLE	V/D
NAME	PEARSON, BENJAMIN F. III	3.2 NAME	PEARSON, BENJAMIN F. III
STREET ADDRESS	1844 MICHELLE LANE	3.3 STREET ADDRESS	2255 CRUMP RD
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	WINTER HAVEN, FL 33881-8200
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  **J. T. Rocker** 2/5/97 941-422-4389

CR2E034 (9/96)