

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
TAMARA S. HARRISON
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 18 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34709 (8)

1. Corporation Name

ARNOLD & ARNOLD INVESTMENTS, INC.

Principal Place of Business

1361 AIRPORT ROAD NORTH
NAPLES FL 33942

Mailing Address

1361 AIRPORT ROAD NORTH
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under S. 199.032.

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ARNOLD, DONALD L.
1361 AIRPORT ROAD NORTH
NAPLES FL 33942**

10. Name and Address of New Registered Agent

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 fee, if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, DEAN A.
1361 AIRPORT ROAD NORTH
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, TAMARA D.
1361 AIRPORT ROAD NORTH
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, ANDREA K.
1361 AIRPORT ROAD NORTH
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, DONALD L.
1361 AIRPORT ROAD NORTH
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, DONALD L.
1361 AIRPORT ROAD NORTH
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
ARNOLD, DONALD L.
1361 AIRPORT ROAD NORTH
NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(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, 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 as indicated, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN A. ARNOLD

4/13/95

813-643-6333

Date

Signature