

FILE NUMBER: FILING FEE AFTER MAY 1:15 \$220.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:43

DOCUMENT # V50030 (8)

1. Corporation Name

LANCE ARRINGTON ASSOCIATES, INC.

Principal Place of Business

**253 N ORLANDO AVE
STE 200
MAITLAND FL 32751
US**

Mailing Address

**253 N ORLANDO AVE
STE 200
MAITLAND FL 32751
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

04/07/1994

4. FEI Number

59-3135689

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARRINGTON, LANCE**2400 NORTH FORSYTH BLVD.****SUITE 202****ORLANDO FL 32807****253 North Orlando Avenue****Suite 200****Maitland, FL 32751**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCS
NAME ARRINGTON, LANCE
STREET ADDRESS 253 N ORLANDO AVE STE 200
CITY-ST-ZIP MAITLAND FL

TITLE DT
NAME ARRINGTON, CAROL
STREET ADDRESS 253 N ORLANDO AVE STE 200
CITY-ST-ZIP MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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 007, 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 SIGNER OFFICER OR DIRECTOR

Lance Arrington

3/10/96 (407)647-5516
Date
Telephone Number