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 # **V50030** **(8)**

1. Corporation Name

LANCE ARRINGTON ASSOCIATES, INC.

Principal Place of Business
~~1245 W. FAIRBANKS AVE.~~
~~250 N ORLANDO AVE~~
~~STE 200~~
~~MAITLAND FL 32751~~ WINTER PARK, FL 32789-4878
~~US~~

Mailing Address
~~253 N ORLANDO AVE~~ Same
~~STE 200~~
~~MAITLAND FL 32751~~
~~US~~

2. Principal Place of Business	2a. Mailing Address
21 1245 W. Fairbanks Ave.	26 1245 W. Fairbanks Ave.
Suite, Apt. #, etc 22 Suite 200	Suite, Apt. #, etc 27 Suite 200
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32789-4878 25	Zip / Country 29 32789-4878 30

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 03/24/1995
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

9. Name and Address of Current Registered Agent

ARRINGTON, LANCE
~~250 NORTH ORLANDO AVENUE~~ 1245 W. Fairbanks Ave
SUITE 200 Suite 200
MAITLAND FL 32751 Winter Park FL
32789-4878

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1245 W. Fairbanks Ave.
83 Suite 200
84 City: Winter Park **FL** 85 Zip Code: 32789-4878

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCS ARRINGTON, LANCE ~~250 N ORLANDO AVE STE 200~~ as above ~~MAITLAND FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1245 W. Fairbanks Avenue Winter Park, FL 32789-4878
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARRINGTON, CAROL ~~250 N ORLANDO AVE STE 200~~ as above ~~MAITLAND FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1245 W. Fairbanks Avenue Winter Park, FL 32789-4878
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 added by amendment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lance Arrington
Date

(407) 647-5516
Daytime Telephone Number