

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 546341

Entity Name: ARNONE INC.

Current Principal Place of Business:

1 SE 4TH STREET
LEE'S SUMMIT, MO 64063

Current Mailing Address:

1 SE 4TH STREET
LEE'S SUMMIT, MO 64063

FEI Number: 59-1756911

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ARNONE, CHARLES V.
9000 US HIGHWAY 192
CLERMONT, FL 34714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ARNONE, CHARLES V
Address 304 SE 5TH STREET
City-State-Zip: LEE'S SUMMIT MO 64063

Title SECRETARY
Name COMER, SARA E
Address 404 NW COTTONWOOD
City-State-Zip: LEE'S SUMMIT MO 64064

Title DIRECTOR
Name ADAMS, THOMAS W
Address 823 NE MULBERRY STREET
City-State-Zip: LEE'S SUMMIT MO 64063

Title DIRECTOR
Name MCWHIRT, JAMES L
Address 411 SE MAIN STREET
City-State-Zip: LEE'S SUMMIT MO 64063

Title VP
Name DI MAGGIO, RUSS
Address 1 SE 5TH STREET
City-State-Zip: LEE'S SUMMIT MO 64063

Title DIRECTOR
Name SCHAFFER, WERNER
Address 575 NW 1421 RD
City-State-Zip: HOLDEN MO 64040

Title VP
Name THOMPSON, BRIGITTE MARIE
Address 616 MILLER STREET
City-State-Zip: LEE'S SUMMIT MO 64063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES ARNONE

PRESIDENT

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date