

**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

**APPROVED  
AND  
FILED**

96 JAN 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 331397 (0)**

1. Corporation Name

**THOMAS S. ARCHER INC.**



Principal Place of Business

Mailing Address

P O BOX 1751  
133 SABINE DRIVE  
PENSACOLA FL 32598

P O BOX 1751  
133 SABINE DRIVE  
PENSACOLA FL 32598

3. Date Incorporated or Qualified

**06/18/1968**

3a. Date of Last Report

**04/27/1995**

4. FEI Number

**59-1302045**

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

2a. Mailing Address

21 **127 E. ZARAGOZA ST.**

26 **127 E. ZARAGOZA ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 101**

27 **Suite 101**

City & State

City & State

23 **PENSACOLA, FL**

28 **PENSACOLA, FL**

Zip

Country

Zip

Country

24 **32501**

25 **ESCAMBIA**

29 **32501**

30 **ESCAMBIA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCHER, THOMAS E  
133 SABINE DRIVE  
PENSACOLA BEACH FL 32561**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
**ARCHER, THOMAS E**  
STREET ADDRESS **133 SABINE DR.**  
CITY - ST - ZIP **PENSACOLA BCH FL**

TITLE ☐ DELETE

NAME **D**  
**ARCHER, MARY F.**  
STREET ADDRESS **133 SABINE DRIVE**  
CITY - ST - ZIP **PENSACOLA BEACH FL**

TITLE ☐ DELETE

NAME **VS**  
**ARCHER, PETER J.**  
STREET ADDRESS **133 SABINE DRIVE**  
CITY - ST - ZIP **PENSACOLA BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 119.07(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 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 **THOMAS E. ARCHER**

**1/19/96**  
Date

**904 434 6299**  
Daytime Phone #

CR2E034 (12/95)