FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE: __

1. Corporation Name

386523

(5)

JAMES ARCH & ASSOCIATES, INC.

Principal Place of Business Mailing Address							80#	FIL BADA DADA DADA HUBI	
P.O. BOX 940037 151 CIRCLE DRIVE MAITLAND FL 32794-7037		P.O. BOX 940037 151 CIRCLE DRIVE MAITLAND FL 32794-7037							
MAILENIU TE GETOTTOST					3. Date Incorporated or Qualified 3a. Date of Last Report 01/20/1995				
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	Ale	26			59-1382027		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	5. Certificate of Status Desired	11 7-	3.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be added to Fees	
Zip	Country	Zip Country				8. This corporation has liability for i		· ···	
24	25	29	30				Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent	- Linid.		*****		10. Name and Address of New R	egistered Agen	i
				81	Na	ne			
ARCH, 4	JAMES			82	Str	et Addres	ss (P.O. Box Number is Not Acceptab	le)	
	CLE DR, P.O. BOX 940037						33 ()		
MATILA	ND, FL			83					
32794-7	037			84	City	,	85 Zip Code		
								<u> </u>	
	the provisions of Sections 607,0502 d agent, or both, in the State of Florid								
familiar with	, and accept the obligations of, Section	on 607.0505, Florida Statu tes	i.	СОГР	Vicino	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or an osteria. This any appoprt the appe	sitte forte de region	orda aganti ram
SIGNATURE		·····							
	Ignature, typed or printed name of registered agent a OFFICERS AND		TE: Registero		nt signar	ore required v	then reinstating) ADDITIONS/CHANGES TO OFF	DATE.	CTODO IN 10
12.	PD	[] DELETE		THTLE			ADDITIONS/CHANGES TO OFF	CENS AND DINE	
NAME	ARCH, JAMES	<u></u>	- 6	1.2 NAME					inge
STREET ADDRESS	605 LAKE SHORE DRIVE				ADDRE	ss			
CITY-ST-ZIP	MAITLAND FL	' '			1.4 CITY-S1-ZIP				
TITLE	D	DELETE.			2. 1 TOLE			Cha	nge Addition
NAME	ARCH,BETTY R			2.2 NAMÉ					
STREET ADDRESS	605 LAKE SHORE DRIVE		2.3 \$		2.3 STREET ADDRESS				
CITY - ST - ZIP	MAITLAND FL		2 4 CITY - ST - ZIP						
TITLE				3 1 TITLE				☐ Cha	nge 🔲 Addition
NAME.	ARCH,ANTHONY J	•	3.21	NAME					
STREET ADDRESS	605 LAKE SHORE DRIVE		3.3.	STREET	ADDR	S\$			
CITY+SY-ZIP	MAITLAND FL			3.4 CHTY-ST-7IP				,	*- / , */
TITLE		DELETE		TITLE				Cha	nge 🔲 Addition
NAME				IAME					-
STREET ADDRESS					ADDRE	SS			
CITY - ST - ZIP		E"3 DU ETC		OITY-S	T - 712			Cho.	nno 🗀 Addition
TITLE		[]] DELETE		TITLE				☐ Cha	nge 🗌 Addition
NAME PERCET ADDRESS				NAME	ADDRE	ee			
STREET ADDRESS						33			
CITY - ST - ZIP TITLE		☐ DELETE		HTY-S Tole	1.71			[] Cha	nge 🗍 Addition
NAME				NAME					
STREET ADDRESS					ADDRE	ss			
City-SI-ZiP				OTY-S					
14. I do hereby	certify that the information supplied w		ished and	i doe:	s not				
oath; that I	he information Indicated on this annua am an officer or director of the corpor Block 12 or Block 13 if changed, or or	ation or the receiver or trus te s	e envixowe	is tru ered t	ie and to exe	accurate cute this r	and that my signature shall have the eport as required by Chapter 607, Fig.	same legal effect orida Statutes; an	as if made under d that my name

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGHT OR DIRECTOR