## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moftham 🧬

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 5 30 15 4

FILED
Mar 11 1998 8:00am
Secretary of State

DOCUMENT #3 30 13 4									
Archies, Inc.									
Mile	on I way I was								
Principal Place of Business Mailing Address									
7093 S. Tamiami Trail QO. Box 15131									
Savasota, FL. 34231 Savaso					a. Fl	Ĺ	DO NOT WRITE IN TH	IS SPACE	
34					507a, FL 4277		3. Date Incorporated or Qualified	ast Rep	ort
					· ·		3.25:1977	1.25:1	
2. Principal F	Place of Business	2a. Mailing	Address				4. FEI Number	<del> </del>	plied For
Suite, Apt	# 615	26 Suito A	pt #, etc.				59.1741617		t Applicable
22) Suite, Apr	H, EIC	27 Saite. A	pr #, etc.			1	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & S	late			$\dashv$	6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		- [	8. This corporation owes or has paid the		
24   25   29   30				30		1	Personal Property Tax due June 30.		No
9, Name and Address of Current Registered Agent 81 Name							10. Name and Address of New Registere	a Agent	
Ro	bents, G.A.								
Roberts, G.A. 7093 S. Tamiami Trail				82	Street A	Addres	s (P.O. Box Number is Not Acceptable)		
Sarasota, FL. 34231									
-30	د ا د این العدیالات	(		84	Civi				
	1			64	City		F	<b>L</b> 85 Zip C	,ode
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 lypest or printed several registrates area for each for applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.	Signature: Type of or printed some of registeric and OF FICERS AN	O DIRECTORS	(NOIE	13.	nt signature r	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE -	Pres.		DELETE	1.1 TITLE		<b>V</b> ·		☐ Change	Addition
NAME	G.A. Roberts	Š		1.2 NAME	ĺ			1.1	
STREET ADDRESS	7093 S. Tamiai	mitrail		1.3 STREET	ADDRESS	70	Robents iamitr	·a ()	
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STREET ADDRESS				63 STREET	ADDRESS		***** T 7O * UU		
CITY - S1 - 7-P				64 CITY-S1	1				1
4.4		Transfer of the same	and an although	0 10111 01	<del></del>		440.07/00/2 51 14.0		<del></del>

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Ffurther certify that the information indicated on this annual report or suppliements, rimulal report is frue 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.25.98

DayLinie Priore #

CHZE034 (10/97)