SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90022 038 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 530788

1. Corporation Name
ARCHIMICA (PUERTO RICO) INC.

Principal Place of Business	Mailing Address
AIRPORT INDUSTRIAL PARK 4404 NE 53RD RD GAINESVILLE FL 32609 US	P O BOX 1466 GAINESVILLE FL 32602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1977

4. FEI Number: 66-0353903 ☐ 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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Airport Industrial Park	26
Suite, Apt. #, etc. 22 4044 NE 54th Ave.	Suite, Apt. #, etc. 27
City & State 23 Gainesville FL	City & State 28
Zip / Country 24 32609 / 25 US	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MADDOX, DAVID N		1.2 NAME	MARBLE, CHARLES E	
STREET ADDRESS	RUDRY RD		1.3 STREET ADDRESS	2816 PRUITT DR	
CITY-ST-ZIP	LISVANE CARDIFF WA		1.4 CITY-ST-ZIP	COLUMBIA SC 29204	
TITLE	S	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	TWIGGS, CREIGHTON F		2.2 NAME	BAUCOM, KEITH	
STREET ADDRESS	LABUNRNUMCOTTAGE.WARRINGTON RD		2.3 STREET ADDRESS	4044 NE 54TH RD	
CITY-ST-ZIP	MICKLE TRAFFORD CH		2.4 CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BLUM, FRED		3.2 NAME	GREATBATCH, KENNETH J	
STREET ADDRESS	4404 NE 53 RD		3.3 STREET ADDRESS	COKES LANE	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	LITTLE CHALFONT BUCKS	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAUCOM, KEITH		4.2 NAME		
STREET ADDRESS	4404 NE 53 RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRAMZAR, GARY R		5.2 NAME		
STREET ADDRESS	501 DILWORTH FARM LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER PA		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REIGEL, ERNEST W		6.2 NAME		
STREET ADDRESS	100 N TYRON ST, FL 47		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Charles E Marble 7/09/99 352 376 8246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #