

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004207 (7)

1. Corporation Name

ARCHER INFORMATION SERVICES, INC.

Principal Place of Business

313 WILLIAMS STREET, SUITE 12  
TALLAHASSEE FL 32303

Mailing Address

313 WILLIAMS STREET, SUITE 12  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

59-3197566

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4093 Timber Run

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 37189

Suite, Apt. #, etc.

22 City & State

23 Havana FL

24 32333

25 USA

27 City & State

28 Tallahassee FL

29 32301

30 USA

9. Name and Address of Current Registered Agent

BURGESS, WAYLAND  
313 WILLIAMS STREET, SUITE 12  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name Burgess, Wayland

82 Street Address (P.O. Box Number is Not Acceptable)  
4093 Timber Run

83

84 City Havana

FL

85 Zip Code 32333

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 contained Name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PST  
BURGESS, WAYLAND  
STREET ADDRESS 313 WILLIAMS STREET, SUITE 12  
CITY - ST - ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME CD  
BURGESS, WAYLAND  
STREET ADDRESS 313 WILLIAMS STREET, SUITE 12  
CITY - ST - ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PST  
BURGESS, WAYLAND  
1.3 STREET ADDRESS 4093 TIMBER RUN  
1.4 CITY - ST - ZIP HAVANA FL 32333

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CD  
BURGESS, WAYLAND  
2.3 STREET ADDRESS 4093 TIMBER RUN  
2.4 CITY - ST - ZIP HAVANA FL 32333

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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

Wayland Burgess

3-23-98

850 539-7522

CR2E034 (10/97)