

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

**APPROVED AND FILED**  
**95 MAR -1 PM 4:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G14535** (0)  
 1. Corporation Name  
**ARGITUS, INC.**

Principal Place of Business Mailing Address  
**3300 SW 34 AVE #152** **3300 SW 34 AVE #152**  
**OCALA FL 34474-1487** **OCALA FL 34474-1487**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 **34474-4487** 25 29 **34474-4487** 30

3. Date Incorporated or Qualified **12/20/1982** 3a. Date of Last Report **03/18/1994**  
 4. FEI Number **59-2240897** 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

9. Name and Address of Current Registered Agent  
**WILKINSON, MICHAEL**  
**3300 SW 34 AVE #152**  
**OCALA FL 34474**

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 of registered agent, and the filer, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>GLANZER, DOROTHY</b>
STREET ADDRESS	<b>4220 SW 5TH AVE</b>
CITY-STATE-ZIP	<b>OCALA FL</b>
TITLE	<b>TD</b>
NAME	<b>WILKINSON, MICHAEL W.</b>
STREET ADDRESS	<b>5155 SE 44 AVE RD.</b>
CITY-STATE-ZIP	<b>OCALA FL</b>
TITLE	<b>CDP</b>
NAME	<b>PALMER, WHITFIELD M., JR</b>
STREET ADDRESS	<b>3080 SW 53RD ST</b>
CITY-STATE-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b>
NAME	<b>EDGAR, ALLEN C.</b>
STREET ADDRESS	<b>2506 SOUTHWEST 9TH DR</b>
CITY-STATE-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>PALMER, MARGARET</b>
STREET ADDRESS	<b>1318 S.E. 8TH ST.</b>
CITY-STATE-ZIP	<b>OCALA FL</b>
TITLE	<b>D</b>
NAME	<b>MUTSCHLER, JOHN G.</b>
STREET ADDRESS	<b>1212 W. 98TH ST., #2B</b>
CITY-STATE-ZIP	<b>BLOMINGTON MN</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Harvey Radford</b>
1.3 STREET ADDRESS	<b>2821 SW 36th Drive</b>
1.4 CITY-STATE-ZIP	<b>Ocala, FL 34474</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. If 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harvey Radford* **Harvey Radford** **2/24/95**  
(FILER TITLE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Title Expiration Date