

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 28 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60523 (8)

1- Corporation Name
DONALD ARCHER, INC.

Principal Place of Business 227 N TAMiami TR NOKOMIS FL 34275	Mailing Address 227 N TAMiami TR NOKOMIS FL 34275
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/05/1985	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2542526	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	

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

9. Name and Address of Current Registered Agent ARCHER, DONALD J. 1000 TROTTER ST NOKOMIS FL 34275	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
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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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME ARCHER, DONALD J.	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 1000 TROTTER ST	227 N. Tamiami Tr.	1.2 NAME	
CITY- ST- ZIP NOKOMIS FL		1.3 STREET ADDRESS	
TITLE VPS	NAME ARCHER, JOANNE M.	1.4 CITY- ST- ZIP	
STREET ADDRESS 1000 TROTTER ST		2.1 TITLE	☐ Change ☐ Addition
CITY- ST- ZIP NOKOMIS FL		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY- ST- ZIP	
CITY- ST- ZIP		3.1 TITLE	☐ Change ☐ Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY- ST- ZIP	
STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
CITY- ST- ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY- ST- ZIP	
CITY- ST- ZIP		6.1 TITLE	☐ Change ☐ Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Donald J. Archer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-485-0062