

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90061 026 \*\*\*\*70.00

**DOCUMENT # N98000006832**

1. Corporation Name

**ARCHANGEL INC.**

Principal Place of Business

P.O. BOX 60807  
FT. MYERS FL 33906

Mailing Address

P.O. BOX 60807  
FT. MYERS FL 33906



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 P.O. Box 120  
23 OAKHILL FL.  
24 32759 25 JOLUSIA

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 P.O. Box 120  
28 OAKHILL FL.  
29 32759 30 JOLUSIA

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

65-0909187

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

9. Name and Address of Current Registered Agent

RIANHARD-BERG, ROBIN L  
1208 DONNA DRIVE  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name RIANHARD, ROBIN L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
175 E. ARIEL RD.  
83  
84 City OAKHILL FL 85 Zip Code 32759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Robin L. Rianhard*

4/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNHAM, MYRNA L	
STREET ADDRESS	5748 LAKE LUCINA DRIVE S	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEAL, STEPHEN W	
STREET ADDRESS	11137 BENTLEY TRACE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIANHARD-BERG, ROBIN L	
STREET ADDRESS	1208 DONNA DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TEAL, STEPHEN
2.3 STREET ADDRESS	5748 LAKE LUCINA DR S
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIANHARD, ROBIN LEE
3.3 STREET ADDRESS	175 E. ARIEL RD.
3.4 CITY-ST-ZIP	OAKHILL, FL 32759
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robin L. Rianhard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

904-345-3561

Date

Daytime Phone #

CR2E037 (11/98)