

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000000719 (2)

1. Corporation Name

ALLAN ARCHER EXCAVATOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:19

Principal Place of Business

1560 NW 15 TERRACE
HOMESTEAD FL 33030

Mailing Address

1560 NW 15 TERRACE
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

30

4. FEI Number

65-0457197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ARCHER, ALLAN
1560 NW 15 TERRACE
HOMESTEAD FL 33030

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
or registered agent, or both, in the State of Florida. Such change was authorized by
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the above-named corporation submits this statement for the purpose of changing its registered office
in corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

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

NOTE: Reg

ist Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ARCHER, ALLAN

1560 NW 15 TERRACE

HOMESTEAD FL 33030

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

1 TITLE

2 NAME

3 STREET ADDRESS

4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished
and that the information indicated on this annual report or supplemental annual
report that I am an officer or director of the corporation or the receiver or trustee or
appears in Block 12 or Block 13 if changed, or on an attachment with an address

I do not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further
to true and accurate and that my signature shall have the same legal effect as if made under
oed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Allan Archer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/14/95

1/14/95

305-248-1793