

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

FILED
Jul 28 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 # P94000040022 (3)

1. Corporation Name

ARCHIMEDES LABORATORY, INC.

Principal Place of Business

238 E. FIFTH AVE.
TALLAHASSEE FL 32303

Mailing Address

238 E. FIFTH AVE.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

4. FEI Number

59-3249518

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HEALTH STRATEGIE, INC.
238 E 5TH AVE
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

SWARTZ, P. DAVID

STREET ADDRESS

2043 DOOMAR DR

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

VPCF

☐ DELETE

NAME

ROND, PHILIP C. I

STREET ADDRESS

1114-B PINE STREET

CITY-ST-ZIP

TALLAHASSEE FL

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

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

200002602062

-07/30/98--01003--015

***150.00

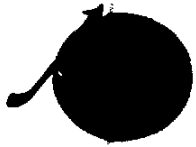
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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:

Paul David Swartz

5-15-98-333-240

CR2E034 (10/97)



Archimedes Laboratory, Inc.

238 East Fifth Avenue
Tallahassee, FL 32303

July 15, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

I called your office this morning and spoke with one of your representatives who identified himself as Shawn G. I explained that we received yesterday, July 14, 1998, the Profit Corporation Annual Report for 1998 filing paperwork. It was obvious that the deadline had long since passed. I am unable to give any explanation for the delay in our receipt of your paperwork, except that this is not the first item of mail recently to either not appear or not be delivered in a timely manner.

When I explained this to your representative, he told me to have the form signed today and include this letter, with a check for \$150.00, and that the late fee would be waived. Thank you in advance for this consideration.

If there is any further information that you require, please contact me at 850/222-7110; extension 300.

Sincerely;

Sarah A. Eden
Office Manager