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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044655

ARCH-GOLF, INCORPORATED

Principal Place of Business	Mai
803 PINE VILLAGE LANE	803 MARI

ling Address

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 026 ***150.00



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803 PINE VILLA NAPLES FL 3410			803 PINE VILLAGE LANE NAPLES FL 34108					DO NOT WRI	TE IN THIS :	SPACI	Ē		
						-		Date Incorporated or Qualifed 05/16/1997					
2. Principal Pla	ace of Business	2a. Mai	ling Address					El Number			App	lied For	
_		26	ū					59-3449811			Not	Applicable	
21] Suite, Apt. 7	# etc		te, Apt. #, etc.							\$8.	75 A	dditional	
22	1, 0.0-	27	·-, F				5. C	Certifcate of Status Desired		F	ee Rec	juired	
City & State			& State				6 6	Election Campaign Financing		\$5	.00	May Be	
23	•	28	, a state					Trust Fund Contribution			ided to		
Zip				Country			8. T	This corporation owes the curr	ent year Inta			_	
24	25 29			30			Personal Property Tax. Yes No						
<u></u>	9. Name and Address of Curren	t Registere	d Agent			1	10. I	Name and Address of New F	Registered A	gent			
				81	Nai	me							
ARCI	HER, TERRY P			02	Chr	ant Address	. (0.	2 Pay Number is Not Accents	able)				
803 I	PINE VILLAGE LANE '		82 Street Ad			eet Address	Address (P.O. Box Number is Not Acceptable)						
napi	ES FL 34108			83		on re-		***					
				84	City				FL	85	Zip C	ode	
			•	.	<u> </u>					بلبل			
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	ot Florida. S	uch change was aut	nonzea ov	me c	ned corporation's	tion : s boa	submits this statement for the and of directors. I hereby accep	ot the appoir	itment	as reg	istered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if earli	irable (NOTE: R	enistered Ane	ot signa	ture required wh	ben rei	nstating)	DATE				
12.	OFFICERS AN			13.	- Oigne			DDITIONS/CHANGES TO OF	FICERS AN	D DIR	ECTO	R\$ IN 12	
πLE	D	DUILLOIG	DELETE	1.1 TITLE						☐ Ch		☐ Addition	
	_			1.2 NAME	•								
NAME	ARCHER, TERRY P				T 4000	.cee							
STREET ADORESS				1.3 STREE		.E333						Ì	
CITY-ST-ZIP	NAPLES FL 34108		□ NEI ETE	1.4 CITY-S	ST-ZIP					□ Ct	anne	Addition	
TITLE	D		☐ DELETE	2.1 TITLE							larigo		
NAME	ARCHER, DENISE H			2.2 NAME									
STREET ADDRESS				2.3 STREE	ET ADDRESS							ļ	
CITY-ST-ZIP	NAPLES FL 34108			2. 4 CiTY-1	ST-ZIP			<u> </u>					
TITLE			☐ DELETE	3.1 TITLE		į				Ch	ange	☐ Addition	
NAME				3.2 NAME									
STREET ADDRESS				3.3 STREE	TADOR	ESS		•				}	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP								
TITLE			☐ DELETE	4.1 TITLE				****		Cr	ange	☐ Addition	
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				4.3 STREE		ress							
STREET ADDRESS				4.4 CITY-5									
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	31-217					T1CI	nange	Addition	
TITLE				5.2 NAME						_	J	_	
NAME				1	T ADDD	,E90							
STREET ADDRESS				5.3 STREE									
CITY-ST-ZIP				5.4 C/TY - S	si-ZiP						ong^	Addition	
TITLE			☐ DELETE	6.1 TITLE				•		□ Ct	ange		
NAME				6.2 NAME		İ							
STREET ADDRESS				6.3 STREE	T ADDR	ESS							
i				SACITY S	2T. 7ID	- 1							

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, with all other like empowered.