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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B! Morthath

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080123 (7)

ARCHER'S INTERIOR OUTLET, INC

## **FILED** Jul 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						e indicinate sta ester fants antic Abier ancis anche energe siden signa signa este con constitue de la constit	
17699 SUMMERUN RD P O BOX 2339 FT MYERS FL 33908 FT MYERS BEACH FL 339					33932		DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 09/15/1997
2. Principal P	Place of Busines		2a. Ma	ailing Address			4. FEI Number A Applied For
21		1 d*	26 17699 SUM MERCIN RD				
Suite, Apt.	#, <b>el</b> c.			Suite, Apt #, etc.			\$8.75 Additional
22		27	<del></del>			5. Certificate of Status Desired Fee Required	
City & State			28	+			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	-	Country	7277	229n8	Сои	ntry トルムル	8. This corporation owes or has paid the current year Intangible
24	0 Name at	<u></u>	کے  29 Current Registere	rd Agent	30	<u> </u>	Personal Property Tax due June 30.  Yes No 10. Name and Address of New Registered Agent
40	<del> </del>		Milett Hegistere	d Agent		81 Name	IV. Name and Address of New Hogistered Agent
	CH <b>er</b> , Kenn O <b>Pla</b> cid Dri				1		
			ł	82 Street Ad	Address (P.O. Box Number is Not Acceptable)		
. FT MYERS FL 33919					İ	83	
Sec. Calculation					Ļ	84 City	les   25 Oct
						84 City	FL 85 Zip Code
ageni i a SIGNATURE		printed name of registr	obligations of, Se	ol cable (Ni			equired when reinstating) DATE
12.	PRE	5118 87VT	S AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	KENNE	ETH D. A.	PCIKR	☐ DELETE	11 117		Change Addition
NAME	lin 010	KID DR			1.2 NA	1	
STREET ADDRESS	Gran	YERS FI	22908			REET ADDRESS Y-ST-ZIP	
TITLE	F-1-11	TUILS IL	<u> </u>	DELETÉ	2.1 111		Change Addition
NAME	1					ME	_ • _
STREET ADDRESS					2.3 ST	REET ADDRESS	
CITY-ST-ZIP	<u>:</u>				2. 4 CI	TY-ST-ZIP	
TITLE				□ DELETE	3.1 TIT	ιE	☐ Change ☐ Addition
NAME					3.2 NA		
STREET ADDRESS					1	REET ADDRESS	
CITY-ST-ZIP TITLE				DELETE	3.4. C/ 4.1 T/T	TY-ST-ZIP	Change Addition
NAME					4.1 III 4.2 NA		1-11
STREET ADDRESS						REET ADDRESS	<b>H</b> 7/\$/
CITY-ST-ZIP	_					Y-ST-ZIP	1040
TOTLE				DELETE	5.1 TiT		Change Addition
NAME					5.2 NA	ME	
STREET ADDRESS					5.3 STF	REET ADDRESS	
CITY-ST-ZIP				DELEZE		Y-ST-ZIP	
TITLE				DELETE	61 T/T		
NAME CTOCCY ADDRESS					6.2 NA		-06/04/3801033020
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS Y-S1-ZIP	***300.00
	certify that the i	nformation supp	hed with this filing	does not qualify			in Section 119.07(3)(i). Florida Statutes. I further certify that the information

Indicated on this annual report or supplied with this high does not quality for the exemption stated in Section 113.07.07th, Florida Statutes. I higher configuration or the receiver of the complemental 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 computation or the receiver of 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 chapter or on an attachment with an address.

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