

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # S82604 (7)

1. Corporation Name
ROBERT G. ARCHER TRACTOR SERVICE, INC.

95 JUL 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6161 POLING RD.
NORTH FT. MYERS FL 33917

Mailing Address
6161 POLING RD.
NORTH FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/25/1991 **08/10/1994**

4. FEI Number Applied For
650298765 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under §. 199.032,
Florida Statutes Yes No

8. Name and Address of Current Registered Agent

ARCHER, DONNA
6161 POLING RD.
NORTH FT. MYERS FL 33917

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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHER, DONNA	1.2 NAME		
STREET ADDRESS	6161 POLING LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHER, ROBERT	2.2 NAME		
STREET ADDRESS	6161 POLING LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption cited in Section 110.07(3)(k), 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: *Donna J. Archer* **Date:** *7-14-95* **Phone:** *813-543-3388*
 DIGITALIZED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Title:** *Secretary* **Entered By:** *Donna J. Archer*