

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S86501** (1)

1. Corporation Name

**ARCHWAY ENTERPRISES INC.**



Principal Place of Business

**690 FRIDAY RD  
COCOA FL 32926  
US**

Mailing Address

**325 ANGELO LN  
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified  
**10/10/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTINSON-SAVAGE, JUDITH  
325 ANGELO LN  
COCOA BEACH FL 32931**

4. FEI Number

**59-3089310**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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

(Sign with ink or provide name of registered agent in the appropriate block)

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
MARTINSON-SAVAGE, JUDITH  
325 ANGELO LN  
COCOA BEACH FL**

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 stated in Section 119.07(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:

*Judith Morham - Savage*  
**Judith MARTINSON-SAVAGE**

**\$129/96 407-639-6051**  
**4/29/96**

CR2E034 (12/95)