FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758187 (9)

1. Corporation Name

WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O JACK PHILLIPS 8011 JACKSON SPRINGS RD. TAMPA FL 33615	C/O JACK PHILLIPS 8011 JACKSON SPRINGS RD. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1981
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2435378 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Charlie Bodishbaugh	26 c/o Charlie Bodishbaugh
Suite, Apt. #, etc. 22 6420 Murray Hills Drive	Suite, Apt. #, etc. 27 6420 Murray Hills Drive
City & State 23 Tampa Florida	City & State 28 Tampa Florida
Zip / Country 24 33615 / 25 U.S.A.	Zip / Country 29 33615 / 30 U.S.A.

9. Name and Address of Current Registered Agent

PHILLIPS, JACK
8011 JACKSON SPRINGS RD.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Charlie Bodishbaugh
82 Street Address (P.O. Box Number is Not Acceptable): 6420 murray Hills Drive
83
84 City: Tampa FL 85 Zip Code: 33615

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: Charlie L. Bodishbaugh — Charlie Bodishbaugh — 03/29/1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BODISHBAUGH, CHARLES	1.2 NAME	BODISHBAUGH, CHARLES	
STREET ADDRESS	6420 MURRAY HILL DR	1.3 STREET ADDRESS	6420 MURRAY HILL DR.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE	ST	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DAVIS, JAMS	2.2 NAME	DAVIS, JAMES	
STREET ADDRESS	11311 N. EDISON AVE.	2.3 STREET ADDRESS	11311 N. EDISON AVE.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL. 33612	
TITLE	P	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HYMAN, JOHN	3.2 NAME	NUGENT, THOMAS	
STREET ADDRESS	3012 ROSEBUD LANE	3.3 STREET ADDRESS	11103 SALT TREE LANE	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	MATHEWS, BRUCE	4.2 NAME	CONNOR, JOHN	
STREET ADDRESS	BOX 320224 N/A	4.3 STREET ADDRESS	6916 N. CLEARVIEW AVE.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL. 33614	
TITLE	D	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	NOBLE, RICHARD	5.2 NAME	LEWIS, BILL	
STREET ADDRESS	5308 MENDENHALL DR.	5.3 STREET ADDRESS	1022 E. CRENSHAW ST.	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL. 33604	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BUSTILLO, BARRY	6.2 NAME	ERIKSEN, ERIK	
STREET ADDRESS	P. O. BOX 667 N/A	6.3 STREET ADDRESS	18132 GUNN HIGHWAY	
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	ODESSA, FL. 33556	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas L Nugent — THOMAS L NUGENT 4/4/95 — 813-862-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004239