1. Entity Name

WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business % CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE

Mailing Address

% CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE

03-29-2002 91501 001 ****61.25 03-29-2002 91501 002 *****8.75

tampa FL 336 US	15	TAMPA FL 33615 US		1 10 11 11 12 10 10 10	 	P) (HINK IEE	
2. Principal P	lace of Business A. N. FloridAVE,	3. Mailing Address						
735 97. Suite, Apt. ₩273	#, etc.	Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN THIS	S SPACE		
City & Stat	9~	City & State Tampa Fl.		4. FEI Number 59	9-2435378		plied For Applicable	
Zip 361	2 Hillsporaugh	3 3 692 - 1374	Country Hilk borou	5. Certificate of St	tatus Desired	\$8.75 Addi	itional	
	6. Name and Address of Current F	Registered Agent	1.	7. Name and Add	iress of New Registered	d Agent		
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I ADIC CII	מבסד ומ		Street Add			-		
LARIS, GILBERT JR 4206 EAST 97TH AVE		Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL								
1740117112	550 11		City \	ampa	F	L Zip Code	اهاه	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or re	egistered agent, or both, in	the state of Florida.			
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73	Michel PMR	# Michael D.	$MCReth^{2}$	# Prosidon	2/13	7/1/A		
SIGN TURE.	Signature, typed or printed name of registered agent at			required when reinstating)	DATE	({	
<u>.</u>				*****	1			
C					Make Che	ck Payable 1	to	
		 9. Election Campa 	iian Financina	SS OD May Ro	I WARE CHE	CK FAVADIC		
1	FILE NOW: FEE IS \$61.25	 Election Campa Trust Fund Cont 		\$5.00 May Be Added to Fees		ent of State		
	FILE NOW: FEE IS \$61.25			Added to Fees	Departm	ent of State		
10.	OFFICERS AND DIR	Trust Fund Con	tribution.	Added to Fees ADDITIONS/CHANG		nent of State	10	_
10.	OFFICERS AND DIR	Trust Fund Con	11.	Added to Fees ADDITIONS/CHANG Does Jant	Departm ES TO OFFICERS AND D	ent of State	10	9/01)
10. TITLE NAME	OFFICERS AND DIR PD LARIS, GILBERT A	Trust Fund Con	11. TITLE PAD	Added to Fees ADDITIONS/CHANG Plesident	Departm	nent of State	10	37 (9/01)
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD LARIS, GILBERT A 9206 E 97 AVE	Trust Fund Con	11. TITLE P/D NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG President Nichael DMCR OHIO Newpor	Departm SES TO OFFICERS AND D	nent of State	10	E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD LARIS, GILBERT A	ECTORS Delete	11. TITLE P D NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG President Nichnel D McB O410 Newport Tampa Fl.	Departm	DIRECTORS IN	10 Addition	CR2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PD LARIS, GILBERT A 9206 E 97 AVE TAMPA FL 33617-4429 T	Trust Fund Con	11. TITLE P/D NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG President Nichael DMCP. OHID Newpor Tampa Fl. Secretary	Department of the second of th	DIRECTORS IN Change	10 Addition	CR2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD LARIS, GILBERT A 9206 E 97 AVE TAMPA FL 33617-4429 T WOODWORTH, ESTHER	ECTORS Delete	11. TITLE PAD STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG President Nichael DMCP. OHID Newpor Tampa Fl. Secretary	Department of the second of th	DIRECTORS IN Change	10 Addition	CR2E037 (9/01)
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12. If 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.