SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Jul 31 1997 8:00am

	1997			DIVISION OF	CORPO	RATIC	ONS		Sec	reu	ary	OI ?	Sta	ale
DOCUI	MENT #	# N94000	0004	4260 (5	5)									
ARCHE	OLOGY, IN	C.												
Principal Place	e of Business		Mail	ng Address		· ~~			T FORTHING DIE FORM HERE					
1010 N 12TH AVE 1010 N 12TH AVE														
PENSACOLA FL				ACOLA FL 32501					DO NO	T WRITE	IN THIS	SPACE		
									3. Date Incorporated or C	Jualified		ate of Last	,	t
2. Principal P	lace of Busine		20 h	failing Address					08/25/1994 4. FEI Number			02/14/19	Applied	d For
21				Box 3057	6				NOT APPLICA	BLE			• • • •	plicable
Suite, Apt.	#, etc.		_	uite, Apt. #, etc.					5. Certificate of Status De	sired		\$8.75	Addit	
City & State			[27]	City & State ,		• 1			6. Election Campaign Fin	ancing		\$5.00		
23				Ensacola	F	<u> </u>			Trust Fund Contributio	~			to Fe	
Zip 24	<u> </u>	Country		1088888	30 Co	untry			8. This corporation owes		_	rent year ↓ ☐ Yes	ntangil X No	ble
24]	9. Name s	od Address of Current			[30]	T			Personal Property Tax 10. Name and Address of				INC	,
				· · · · · · · · · · · · · · · · · · ·		81	Name					************		
CURREN, CALEB						82	Street	Addre	ss (P.O. Box Number is Not	Acceptal	ble)			
1010 N 12TH AVE						83								
PENSAU	OLA FL 3250	1												
						84	City				FL	.	Code	
11. Pursuant t	to the provision	ns of Sections 617.0502	and 617	.1508, Florida Stat	utes, the	above	named	corpo	ration submits this statemer on's board of directors. I her	for the p	ourpose of	changing	ils reg	gistered
agent. I a	m (am iliar with	and accept the obligat	ions of, S	Section 617.0503,	Florida St	atutes	5.	poralio	and board of all obtains () had	, acco	pro opp			
SIGNATURE _	Signature, typed or	printed name of registered agent	and title If a	policable. (N	OTE Register	ed Age	nt signature	e required	d when reinstating)		DATE			
12.		OFFICERS AND		ORS	13				ADDITIONS/CHANGES	TO OFFIC	DERS AND			
TITLE	0	^41 FB		☐ DELETE		TITLE						☐ Change	ليا	Addition
NAME STREET ADDRESS	CURREN, 4 1010 N 12					NAME STREET	ADDRESS							
CITY-ST-ZIP		A FL 32501				CITY-S								
TITLE	D			DELETE	2.1	TOLE		D	h			Change	X	Addition
NAME	IVERSON, GARY 931 SHADOW RIDGE DR					2.2 NAME		344		rec				
STREET ADDRESS CITY-ST-ZIP	PENSACO					STREET CITY - S	ADDRESS		to Al 12th Ave	- 3ኢ	era. 3			
TITLE	D	<u> </u>		☐ DELETE		TITLE	01-21F		7844014 11	<u> </u>	<u> </u>	Change		Addition
NAME	HORVATH,				3.2	NAME								
STREET ADDRESS	302 N BAF						ADDRESS							
CITY-ST-ZIP TITLE	PENSACU	LA FL 32501		DELETE		CITY-S TITLE	ST - ZIP					Change	П	Addition
NAME					1	NAME								
STREET ADDRESS				-4 •	1 4.3	STREET	ADDRESS							
CITY-ST-ZIP				F DELETE		CITY-S	T-ZIP	ļ				Change		Addition
TITLE NAME				☐ DELETE	1	TITLE Name						Change		Addition
STREET ADDRESS					4		ADDRESS							
CITY-ST-ZIP					5.4	CITY - S	T- <i>Z</i> IP							,
TITLE				☐ DELETE		TITLE						☐ Change		Addition
NAME OTDEET ADDRESS						NAME exercit	*D005500	h						
STREET ADDRESS CITY-ST-ZIP					B B	STREET CITY-S	ADDRESS T- ZU		1					
## Ldo bozob	by certify that t	he information supplied	with this	filing does not qua	alifu for the	0 000	notion c	thet o	n Section 118,97(3)(i), Florid	la Statute	s. I further	certify the	at the	nath: that
I am an of	flicer or director	or of the corporation or to Block 13 If changed, or	he receiv	er or trustee emperachment with an a	owered to	expc	ut this	report	as required by Chapter 617	Forida	Matutes: A	nd that my	name	i
ahhaaisii	HOILON IZ UI [_				//	[]]		-/////////	' '7/3	WI	<i>l</i> (