## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400004260

1. Corporation Name

ARCHEOLOGY INC

AIIOFIL	OLOGI, INC.			
Principal Plac	ce of Business	Mailing Address		
1010 N 12TH AVE BOX 30576				I (ABINIAN BIR IBNI ANNI BANK BANK BANK BANK BANK BANK BANK MAKA MANA BANK BANK BANK
PENSACOLA FL 32501 PENSACOLA FL 32501				
		U\$		E IDOKTION OND HOUSE BERN ODSER AUGUS BORRI BARIS ODDIS STERR ARRIV AUGE SOFF
		e - 1 € 🛥		
2. Principal P	Place of Business	2a. Mailing Address		Date Incorporated or Qualified
21		26		08/25/1994
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For
City & Sta	•	City & State		NOT APPLICABLE Not Applicable
23	i <del>u</del>	28		5. Certificate of Status Desired
Zip	Country	Zip	Country	6 Election Compaign Financing \$5.00 May Da
24	25	29	30	Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	•		81 Nam	ne .
CURREN, CALEB			82 Stre	et Address (P.O. Box Number is Not Acceptable)
1010 N 12TH AVE PENSACOLA FL 32501			83	
FENSAUL	DOA PE 32301	/ /		
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the above-named corporation's board of directors, whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.				
agent. I	im familiar with, and accept the obligati	one of Section 617.0593, Flor	ida Statutes.	rporation's board of directors, whereby appointment as registered.
SIGNATURE		1/W		1/14/7
12.		and title if applicable. (NOTE:	Registered Agent signatu  13.	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CURREN, CALEB		1.2 NAME	
STREET ADDRESS	1010 N 12TH AVE		1.3 STREET ADDRES	ss
CITY-\$T-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP	
TITLE	D D	☐ DELETE	2.1 TITLE	Change Addition
NAME STREET ADDRESS	LEE, JOHN 1010 N 12TH AVE		2.2 NAME 2.3 STRÉET ADDRES	
CITY-ST-ZIP	-PENSACOLA FL		2.4 CITY-ST-ZIP	55
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME .	HORVATH, DON		3.2 NAME	
STREET ADDRESS	302 N BARCELONA	•	3.3 STREET ADDRES	ss
CITY-ST-ZIP	PENSACOLA FL 32501		3.4. CITY-ST-ZIP	
TITLE	,	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	•		4. 2 NAME 4.3 STREET ADDRES	
STREET ADDRESS CITY-ST-ZIP		•	4.3 STREET ADDRES	NS
TITLE	·	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ss .
CITY-ST-ZIP			5.4 CITY-ST-ZIP	

CITY-ST-ZIP 14. I 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 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 present a true formation indicated on this 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 of the corporation of the corpo

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

☐ DELETE

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90065 016 \*\*\*\*61.25

☐ Change

Addition