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ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:32

DOCUMENT # P93000072718 (8)

1. Corporate Name
SOUTHEASTERN ARCHEOLOGICAL RESEARCH, INC.

Principal Place of Business
P.O. BOX 170
MICANOPY FL 32667
US

Mailing Address
P.O. BOX 170
MICANOPY FL 32667
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 09/30/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 59-3215370 — 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 elected to be governed by Section 607.0830 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent
MANGIONE, RALPH P
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: ANNE V STOKES
82 Street Address (P.O. Box Number is Not Acceptable): 2291 W UNIVERSITY AVENUE
83
84 City: GAINESVILLE FL 85 Zip Code: 32603

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and, if the registered agent is an officer or director of the corporation, the registered agent has agreed to act in this capacity. I further certify that the corporation has complied with the provisions of Section 607.0501, Florida Statutes.

SIGNATURE: Anne V. Stokes 5/11/95

12. Officers and Directors

	P
NAME	STOKES, ANNE V
	2291 W. UNIVERSITY AVENUE
	GAINESVILLE FL 32603
	V
NAME	JONES, PAUL L
	133 REGATTA DRIVE
	MICANOPY FL 32667
	ST
NAME	JONES, LUCY D
	133 REGATTA DRIVE
	MICANOPY FL 32667

13. Additional Changes to Officers and/or Directors

	Delete / Add
	Delete / Add
	X Delete / Add
	DELETE
	Delete / X Add
	ST
	ANNE V STOKES
	2241 W UNIVERSITY AVENUE
	GAINESVILLE, FL 32603
	Delete / Add
	REMITTED BY MAY 1

14. I hereby 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 a director or officer 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 above, or on an attachment with an asterisk.

SIGNATURE: Anne V Stokes 4/28/95 904-466-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANNE V STOKES, PRESIDENT

0412925 FP