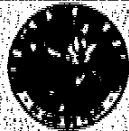


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N13774 (7)**
1. Corporation Name
BONE VALLEY FOSSIL SOCIETY, INC.

Principal Place of Business

Mailing Address

**2704 DIXIE ROAD
LAKELAND FL 33801-2902****2704 DIXIE ROAD
LAKELAND FL 33801-2902****APPROVED
AND
FILED****95 MAY -1 AM 11:37****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip Country**28** Zip Country**24** **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, PHILIP O.
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	HOLMAN, ED
STREET ADDRESS	2704 DIXIE ROAD
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	LOU, HARVEY
STREET ADDRESS	2102 MONASTERY CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	STRIDE, HOLLY
STREET ADDRESS	507 E. CALHOUN STREET
CITY - ST - ZIP	PLANT CITY FL
TITLE	TD
NAME	METRIN, EDWIN
STREET ADDRESS	162 BROADMOR DR.
CITY - ST - ZIP	LAKE MARY FL
TITLE	VD
NAME	MURPHY, PAUL
STREET ADDRESS	527 BUCKMINSTER CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

Edmund M. Holman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*4-26-95 (457232)-7462*
Date Daytime Phone