

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90222 021 ****70.00

DOCUMENT # N93000000098

1. Corporation Name

SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH, INC.

Principal Place of Business

**1205 MALDONADO DRIVE
PENSACOLA BEACH FL 32561**

Mailing Address

**P.O. BOX 13512
PENSACOLA FL 32591**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/29/1992

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number
59-3185783

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

23. Zip Country

28. Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANKLIN, MARIANNE
1205 MALDONADO DRIVE
PENSACOLA BEACH FL 32561**

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORRIS, III J
STREET ADDRESS 2842 COASTAL HWY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME WEINSTEIN, ERI
STREET ADDRESS 2001 CHERRYWOOD
CITY-ST-ZIP AUSTIN TE 78722

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RODERICK, MATHER
STREET ADDRESS UNIVERSITY OF RHODE ISLAND
CITY-ST-ZIP KINGSTON RI 02881

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME FRANKLIN, MARIANNE
STREET ADDRESS 1205 MALDONADO
CITY-ST-ZIP PENSACOLA BEACH FL 32561

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 1999 (850) 572-2763

CR2E037 (11/98)