

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000208 (7)

1. Corporation Name

ARIPEKA ARCHERS INCORPORATED



Principal Place of Business

NR POTTBERG WAY
NE CORNER HWY 52 & HICKS RD.
HUDSON FL

Mailing Address

7330 JENNER AVE.
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified
03/02/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3232445

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOMBS, MICK
7330 JENNER AVENUE
NEW PORT RICHEY FL 34655

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 D ☐ DELETE
NAME CENTRA, ANTHONY
STREET ADDRESS 4903 VISION AVENUE
CITY - ST - ZIP HOLIDAY FL 34691

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MULKEY, ROBERT
1.3 STREET ADDRESS 3618 GALWAY DR
1.4 CITY - ST - ZIP New Port Richey, FL 34652

TITLE D ☐ DELETE
NAME MCCOMBS, MICK
STREET ADDRESS 7330 JENNER AVE.
CITY - ST - ZIP NEW PORT RICHEY FL 34655

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

TITLE S ☐ DELETE
NAME WANAT, TIMOTHY J
STREET ADDRESS 7522 CLANTON TRL
CITY - ST - ZIP HUDSON FL 34669

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

TITLE T ☐ DELETE
NAME ALLEN, ROY T
STREET ADDRESS 7007 MISTLETOE CT
CITY - ST - ZIP NEW PORT RICHEY FL 34653

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 70000174421P
4.3 STREET ADDRESS -03/15/96--01023--016
4.4 CITY - ST - ZIP ***\$61.00

TITLE VP ☒ DELETE
NAME MULKEY, ROBERT
STREET ADDRESS 3618 GALWAY DR
CITY - ST - ZIP NEW PORT RICHEY FL 34652

5.1 TITLE P ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE P ☒ DELETE
NAME CARNEY, ALAN
STREET ADDRESS 625 TIMBERLANE
CITY - ST - ZIP TARPON FL 34689

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 FEB 96

813-376-3621

CR2E037 (12/95)