## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N96000001323 TRI-STATE ARCHERS, INC.

Principal Place of Business Malling Address 1541 YEARLING TRAIL 1541 YEARLING TRAIL TALLAHASSEE FL 32311-9539 TALLAHASSEE FL 32311-9539 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible **1**2 No 20 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ATKINSON, DEBORAH S Street Address (P.O. Box Number is Not Acceptable) 1541 YEARLING TRAIL TALLAHASSEE FL 32311-9539 **B3** City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITI F 1 1 TITLE AUSTIN, OLIVER L III NAME 1.2 NAME **POST OFFICE BOX 907** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32302-0907 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETÉ 2.1 TITLE Change Addition ATKINSON, DEBORAH S 2.2 NAME 1541 YEARLING TRAIL STREET ADDRESS 2.3 STREET.ADDRESS TALLAHASSEE FL 32311-9539 CITY - ST - ZW 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE AUSTIN, TIMOTHY O NAME 3.2 NAME 3029 NW 38TH STREET STREET ADDRESS 3.3 STREET ADDRESS GAINESVILLE FL 32606-8119 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

OSIGNATURE CRECIUIRED

07/21/97

**FILED** 

Secretary of State

Jul 25 1997 8:00am

(850)644-0298