FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712451 (4)

1. Corporation Name

ADVANCED SCIENCES RESEARCH AND DEVELOPMENT CORPORATION, INC.

300001485823
-05/12/95--01055--009
*****75.00 *****75.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
436 E. BROAD ST. SPARTA GA 31087	436 E. BROAD ST. SPARTA GA 31087

3. Date Incorporated or Qualified: 03/21/1967
3a. Date of Last Report: 04/27/1994
4. FEI Number: 58-1566531 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

SCOTT, MARTA
1605 RIDGE ROAD
COCOA FL 32926

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD ☐ Change ☐ Addition
NAME	MITZLAFF, JUDITH	12 NAME	MITZLAFF, JUDITH
STREET ADDRESS	P. O. BOX 40 N/A	13 STREET ADDRESS	P.O.BOX 40 N/A
CITY-ST-ZIP	LAKEMONT FA	14 CITY-ST-ZIP	LAKEMONT, GA 30552
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, MARTA	22 NAME	
STREET ADDRESS	1605 RIDGE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HIERONYMUS, SARAH	32 NAME	
STREET ADDRESS	436 E. BROAD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SPARTA GA	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	GEBRAN, EMILE	42 NAME	
STREET ADDRESS	436 E. BROAD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SPARTA GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Sarah Hieronymus Ph.D 5/8 1995 706 444 7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A022