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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 3:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 611346 (8)

1. Corporation Name

MT. FIELD, INC.

Principal Place of Business

**4907 14TH AVE N
ST PETERSBURG FL 33710**

Mailing Address

**4907 14TH AVE N
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1979

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

21 10900 Roosevelt Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 10900 Roosevelt Blvd.

Suite, Apt. #, etc.

4. FEI Number

59-1885764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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. 193.032,
Florida Statutes

☐ Yes ☒ No

24 33716

25 USA

29 33716

30 USA

9. Name and Address of Current Registered Agent

**NONOYAMA, MEIHAN
4907 14TH AVE N
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name

Raymond Y. Lau, Ph.D.

82 Street Address (P.O. Box Number is Not Acceptable)

10900 Roosevelt Blvd.

83

84 City

St. Petersburg

FL

85 Zip Code
33716

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.

Raymond Y. Lau, Ph.D.

(NOTE: Registered Agent signature required when resigning)

DATE

4/10/95

12. OFFICERS AND DIRECTORS

TITLE **CP**
NAME **NONOYAMA, MEIHAN**
STREET ADDRESS **4907 14TH AVE, N**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

TITLE **DV**
NAME **TANAKA, AKIKO**
STREET ADDRESS **14827 FEATHER SOUND COVE**
CITY - ST - ZIP **CLEARWATER, FL 00000**

TITLE **DST**
NAME **LAU, RAYMOND Y**
STREET ADDRESS **14048 JENNIFER TERRACE**
CITY - ST - ZIP **LARGO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

12 NAME

DELETE - Nonoyama, Meihan

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond Y. Lau, Ph.D.

4/10/95 (813) 576-6675x125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number