

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724732 (3)
1. Corporation Name
FLORIDA PUBLIC INTEREST RESEARCH GROUP, INC.



Principal Place of Business
420 E CALL STREET
TALLAHASSEE FL 32301
US

Mailing Address
420 E CALL STREET
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified 11/06/1972
3a. Date of Last Report 04/28/1995

2. Principal Place of Business
21 2720 Apalachee Pkwy
Suite, Apt. #, etc.
22
City & State Tallahassee FL
Zip 32301
Country US

2a. Mailing Address
26 2720 Apalachee Pkwy
Suite, Apt. #, etc.
27
City & State Tallahassee FL
Zip 32301
Country US

4. FEI Number 59-2140529
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

TRILSCH, RICHARD W JR
420 E CALL ST
TALLAHASSEE FL 32301

See Above

81 Name Dan Jacobson
82 Street Address (P.O. Box Number is Not Acceptable)
2720 Apalachee Pkwy
83 420 E. Call St.
84 City TALL FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 CD
NAME LINDERBERGH, SUSANNAH
STREET ADDRESS 1300B NYLIK ST
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VD
NAME MCCRAKINE, SEAN
STREET ADDRESS 19540 SW 128 AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE TD
NAME LUCAS, RANDY
STREET ADDRESS 2690-B NORTHPOINT CT.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D
NAME MUTIS, KIKI
STREET ADDRESS 4536 SW 142 PL
CITY-ST-ZIP MIAMI FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

CR2E037 (12/95)