FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724732 1. Corporation Name Florida Public InTerest Research Grosp Inc.

Principal Place of Business Mailing Address

704 West Madison ST. Tullahassee, FC 32304

Same

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90284 044 ****61.25

2. Principal Place of Business	Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed		
21	26			11/6/12		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For Not Applied For Not Applied For		
22	27			79-2190761		Applicable
City & State	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Red	-
23	Zip Country			A Florida O Table Financia	\$5.00	
Zip Country	Zip 29 30	¬ .		6. Election Campaign Financing Trust Fund Contribution	Added to	
24 25 29 3 9. Name and Address of Current Registered Agent		<u> </u>		10. Name and Address of New Registere		
Mark J. Ferrulo		81 82	,			
		83	83			
704 W. Madison ST. Tallahassee, Fl 32304		84	City	F	85 Zip C	ode
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 harne of registered age	week and the second		nt signature required	United soundation) DATE	777	{
Signature, typed or printed harne of registered age 12. OFFICERS At	nt and title if applicable. (NOTE: N	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE DIVICTOR	☐ DELETE	1.1 TITLE			Change	Addition
NAME Connablindhe	res	12 NAME				
STREET ADDRESS 1300 B NULL ST	1.35		ADDRESS			
CITY-ST-ZIP Tallahaccer K/	3230 /	1.4 CITY-ST	T-ZIP			
TITLE Director	DELETE	2.1 TITLE			Change	Addition
NAME Ann whitfield		2.2 NAME	j			
STREET ADDRESS 1478 N. Dwal S			ADDRESS			1
CITY-ST-ZIP Tullahass	Tullahasse 2630) 2.40		ST-ZIP		Change	Addition
TITLE Director	DELETE	3 f TITLE			Change	L. Addition
NAME CARL PERTY	7t 2	3.2 NAME				Ì
STREET ADDRESS 6055 Majors (and	1 00 3 7 7 700 3		T ADDRESS			
CITY-ST-ZIP (alumbia MV)	Columbia MV		ST-ZIP		Change	Addition
TIME Secretary Treasures	p [_] DELETE	4.1 TITLE 4.2 NAME				
NAME Richard Trilsch	- 11 32303	4.3 STREET	T ADDRESS			
STREET ADDRESS 1229 N. Doval ST	. lallahassee Fl	4.4 CITY-S				ì
TITLE Chart Director,	DELETE	5.1 TITLE	1-21-		☐ Change	☐ Addition
NAME MACH Ferrulo		5.2 NAME				
NAME Mark Ferry Co STREET ADDRESS 704 W Madison CITY-ST-ZIP Tallahassee Fl	57	5.3 STREET	T ADDRESS			
CITY-ST-ZIP Tallahassee II	32304	5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.1 TI				☐ Change	Addition
NAME		6.2 NAME				
STREET ADDRESS	6.3 S1		ADDRESS			ļ
CITY-ST-ZIP		6.4 CITY-S	T-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appual report or supplemental appual report is fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an						
14. I hereby certify that the information supplied with this filing 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 of 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, by of an attachment with an address, with a other like empowered.						

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR