

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:47

DOCUMENT # 763385 (2)

1. Corporation Name

DOLPHIN BIOLOGY RESEARCH INSTITUTE, INC.

Principal Place of Business

Mailing Address

708 TROPICAL CIRCLE
SARASOTA FL 34242
US

708 TROPICAL CIRCLE
SARASOTA FL 34242
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1982
3a. Date of Last Report 04/15/1994
4. FEI Number 59-2288387
Applied For Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, RANDALL S.
708 TROPICAL CIR
SARASOTA FL 34242

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	IRVINE, A. BLAIR	1.2 NAME	
STREET ADDRESS	2424 LARIAT MEADOWS	1.3 STREET ADDRESS	
CITY - ST - ZIP	EUGENE OR	1.4 CITY - ST - ZIP	97401
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	WELLS, RANDALL S.	2.2 NAME	
STREET ADDRESS	708 TROPICAL CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	34242
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	SCOTT, MICHAEL D.	3.2 NAME	
STREET ADDRESS	5016 PLAINVIEW RD	3.3 STREET ADDRESS	3543 Ottawa Ave.
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	San Diego, CA 92117
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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

Randall S. Wells

16 Feb 95

913-349-3259