

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 843369

(0)

1. Corporation Name

ANACAPA SCIENCES, INC.



Principal Place of Business

Mailing Address

348 MIRACLE STRIP PKWY SW
23
FT WALTON BCH FL 32548
US

348 MIRACLE STRIP PKWY SW
23
FORT WALTON BEACH FL 32548
US

3. Date Incorporated or Qualified
06/04/1979

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-2621814

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

CROSS, KENNETH D.
348 MIRACLE STRIP PKWY SW
STE 23
FT WALTON BCH FL 32548

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CTD ☐ DELETE
NAME HARRIS, DOUGLAS H
STREET ADDRESS 2000 N PANTOPS DR
CITY-ST-ZIP CHARLOTTESVILLE VA

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

TITLE PD ☒ DELETE
NAME CROSS, KENNETH D
STREET ADDRESS 348 MIRACLE STRIP PKWY SW, STE 23
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE Stuster, Jack W. (V) ☐ DELETE
NAME
STREET ADDRESS 901 Olive Street
CITY-ST-ZIP Santa Barbara, CA 93101

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

TITLE Spiker, V. Alan (V) ☐ DELETE
NAME
STREET ADDRESS 901 Olive Street
CITY-ST-ZIP Santa Barbara, CA 93101

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

TITLE Gates, Barbara (S) ☐ DELETE
NAME
STREET ADDRESS 901 Olive Street
CITY-ST-ZIP Santa Barbara, CA 93101

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUGLAS H. HARRIS 2-27-96 804-295-1929

CP2E034 (12/95)