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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 APR 13 PM 4:36

DOCUMENT # **J89135** **(4)**

1. Corporation Name
FLORIDA RESEARCHERS UNLIMITED, INC.

Principal Place of Business	Mailing Address
3105 TIPPERARY DRIVE TALLAHASSEE FL 32309	3105 TIPPERARY DRIVE TALLAHASSEE FL 32309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1987**
3a. Date of Last Report: **02/02/1994**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-2861041** ☐ 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
KORALIS, CAROL C. 3105 TIPPERARY DRIVE TALLAHASSEE FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	KORALIS, CAROL C.	12 NAME	
STREET ADDRESS	3105 TIPPERARY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	KORALIS, NICHOLAS C.	22 NAME	
STREET ADDRESS	3105 TIPPERARY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KORALIS, ANNA M.	32 NAME	
STREET ADDRESS	3105 TIPPERARY DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KORALIS, CHRISTINA N.	42 NAME	
STREET ADDRESS	3105 TIPPERARY DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, JOHANA	52 NAME	
STREET ADDRESS	2850 WYNTERHALL ROAD, #102	53 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOLDING, SANDRA	62 NAME	
STREET ADDRESS	3784 UNIVERSITY DR #1122	63 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	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 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 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 if changed, or on an attachment with an address.

SIGNATURE: Nicholas C. Koralis NICHOLAS C. KORALIS 4/6/95 904-668-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027044 CP