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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

| 4                                      | ANNUAL REPORT Secretary of State  1999 DIVISION OF CORPORATIONS                 |  |                                |          |                    |   |
|--|---|--|--------------------------------|----------|--------------------|---|
| DOCUMENT # J89135                      |   |  |                                |          | 99 MAR 29 AM 8: 45 |   |
| FLORIDA                                | A RESEARCHERS UNLIMIT   | ED, INC.   |                                |          |                    | SECIAL PART OF STATE<br>TAIL AND ASSET FOR IDA  |
| Principal Plac                         | e of Business   | Mailing Address  |                                |          |                    | 1 sanita didi tarih shibi ildah silai didit didit Bibit didit didit didit   |
|  |   | 3105 TIPPERARY DRIVE<br>TALLAHASSEE FL 32308                           |                                |          |                    | DO NOT WRITE IN THIS SPACE  |
| A 07-1-10                              |   |  |                                |          |                    | 3. Date Incorporated or Qualified 08/25/1987  |
| 2. Principal P                         | lace of Business  | 2a. Mailing Address  | 2a. Mailing Address            |          |                    | 4. FEI Number Applied For S9-2861041 Not Applicable   |
| Suite, Apt.                            | #, etc.   | Suite, Apt. #, etc.  | •                              |          |                    | \$8.75 Additional   |
| 22                                     |   | 27   |                                |          |                    | 5. Certificate of Status Desired [.] Fee Required   |
| City & Stat                            | e   | City & State   | City & State                   |          |                    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
| Zip                                    | Country   | Zıp  | Cour                           | ntry     |                    | 8. This corporation owes the current year Intangible  |
| 24                                     | 25  |  | 30                             |          |                    | Personal Property Tax. [1] Yes [1] No   |
|  | 9. Name and Address of Curre  | nt Registered Agent  |                                | 81       | Nanie              | 10. Name and Address of New Registered Agent  |
| 3105<br>TALL                           | IALIS, CAROL C.  TIPPERARY DRIVE  AHASSEE FL 32308                              | Ω2 and £07 15ΩR Elocida Statute  | ]<br>=<br>-                    | 83<br>84 | Ĉity               | Address (P.O. Box Number is Not Acceptable)    FL   85   Zip Code   |
| office or r<br>agent. I a<br>SIGNATURE | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida Such change was au<br>lations of, Section 607.0505, Flori | ithorized<br>ida Statu         | by the   | e corpor           | corporation submits this statement for the purpose of changing its registered<br>oralion's board of directors. Thereby accept the appointment as registered |
|  | Signature, typed or printed name of registered ag                               |  | Registered A                   | Agent s  | grature ma         | quired when realist anigh   |
| 12.                                    |   | ND DIRECTORS   | 13.                            |          |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE<br>NAME                          | PS<br>Koralis, Carol C.   | ☐ DELETE   | 11100                          |          |                    | ['] Change ['] Addition   |
| STREET ADDRESS                         | 3105 TIPPERARY DRIVE  |  | 1.2 NAME<br>1.3 STREET ADDRESS |          | Macce              | 600002830476 ··· 6  <br>-04/06/9301037005   |
| CITY-ST-ZIP                            | TALLAHASSEE FL  |  | 1.4 CITY-ST-ZIP                |          | i i                | ****150.00 ****150.00   |
| TITLE                                  | ۷ī  | ☐ DELETE   | 21 THLE                        |          | ï                  | []Change [] Addition  |
| NAME                                   | KORALIS, NICHOLAS C.  |  | 2.2 NAME                       |          |                    |   |
| STREET ADDRESS                         | 3105 TIPPERARY DRIVE  |  | 23 STREET ADORESS              |          | ORESS              |   |
| CITY-ST-ZIP                            | TALLAHASSEE FL  |  | 2 4 CITY-ST-ZIP                |          | îp.                | · · · · · · · · · · · · · · · · · · ·   |
| TITLE                                  | D   | [] DELETE  | 3 1 TITLE                      |          |                    | [_] Change [_] Addition   |
| NAME                                   | KORALIS, ANNA M.<br>3105 TIPPERARY DRIVE  |  | 32 NAM                         |          |                    |   |
| STREET ADDRESS                         | TALLAHASSEE FL  |  | 3.3 STR                        |          |                    |   |
| CFTY-ST-ZIP                            | D   | ☐ DELETE   | 34 CiT<br>4 1 TiTu             |          | 0P                 | Change [ Addition   |
| NAME                                   | KORALIS, CHRISTINA N.   | <u> </u>   | 4. 2 NA                        |          |                    | L) straige [ ] rustion  |
| STREET ADDRESS                         | 3105 TIPPERARY DRIVE  |  | 43576                          |          | DRESS              |   |
| CITY-ST-ZIP                            | TALLAHASSEE FL  |  | 4.4 CIT                        |          | 1                  |   |
| TITLE                                  | D   | (") DELETE   | 5 1 TITL                       |          |                    | []Change []Addition   |

**HUNTSVILLE AL 35806** CITY-ST-ZIP 14. 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 suppliemental 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, with all other like empowered.

5 2 NAME

61 TITLE

6.2 NAME

53 STREET ADDRESS

63 STREET ADORESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RAMSEY, JOHANA

1010 ANTIETAM RD

**GOLDING, SANDRA** 

123 NAVAHO TRAIL

**HUNTSVILLE AL 35803** 

☐ DELETE

NICHOLAS C. KORALIS

485264