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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61017

(4)

DONNA J. ST. HILLIER, PH.D., INC.

FILED	
Mar 31 1997 8:00an	n
Secretary of State	

0045917

Principal Plac	ce of Business	Mailing Address						
1100 E PARK TALLAHASSEI US	•	1100 E PARK AVE Tallahassee Fl 32301- US	2651					
					3. Date incorporated or Qualified 03/29/1990	3a. Date of 03/29/1		port
2. Principal I	Prace of Business	2a. Mailing Address			4. FEI Number	00/20/		plied For
<u>[1]</u>		26			59-3003163	····		A pplicable
Suite Apt	: # €tt:	Suite, Apt. #, etc.			6. Certificate of Status Desired	1 1 7	3.75 A Fee Red	dditional quired
Oity & Sta	ito	City & State		700	Election Campaign Financing Trust Fund Contribution		5.00 (Added to	
Zip	Country	Zip	Count	ry	8. This corporation has liability for			199.032,
4	25	29	30			Yes No		
	9. Name and Address of (Current Hegistered Agent		1 Name	10. Name and Address of New R	egistered Agen	1	
	', Hillier, Donna J. 00 e park ave							
	LLAHASSEE FL 32301		8		dress (P.O. Box Number is Not Accepta	ible)		
			8	3				
			8	4 City		FL 85	Zip C	Code
11 Character	d to the provisions of Sections 66	07.0502 and 607.1508. Florida Statu	tes the abo	ve-named co	rporation submits this statement for the		vina its	registered
	am familiar with, and accept the	e obligations of, Section 607.0505, FI						
SIGNATURE	Solution Security of Securitings OFFICER	reed agest and title if spokeable (NO)	TE: Registered A	es. gent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF			
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1. I do 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 arm 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 Brack 12 or Block 13 if changed or on an attachment with an address.

The Company of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Signature of type of printed in the of Significan of Fice of Director 3-2697 (904)878-114/