

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90170 048 \*\*\*150.00

DOCUMENT # L61017

1. Corporation Name

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

Principal Place of Business

1400 E PARK AVE  
TALLAHASSEE FL 32301  
US

Mailing Address

1400 E PARK AVE  
TALLAHASSEE FL 32301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1990

4. FEI Number

59-3003163

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 219 E. 5th Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 37084  
Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

Zip

24 32303

Country

25 USA

Zip

29 32315

Country

30 USA

9. Name and Address of Current Registered Agent

ST. HILLIER, DONNA J.  
1400 E PARK AVE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name DONNA J. ST. HILLIER, Ph.D., Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
219 E. 5th Ave  
83  
84 City TALLAHASSEE FL 85 Zip Code 32303

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ST. HILLIER, DONNA J.	1100 E PARK AVE, STE. A	TALLAHASSEE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		219 E 5th Ave	TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 (888)847-1107

CR2E034 (11/98)