FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY 18 AM 9 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03979

1. Corporation Name

J. M. COLEMAN RESEARCH CENTER INC

Principal Place of Business	Mailing Address
2800 OAK ST. SARASOTA, FL 34237	2800 OAK ST. SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JUNE 20-1984
3a. Date of Last Report: 1994
4. FEI Number: 65-0041312 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 2800 OAK ST - SARA	26 2800 OAK ST, SARASOTA
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: SARASOTA FL	28 City & State: SARASOTA, FL
24 Zip: 34237 25 County: SARASOTA	29 Zip: 34237 30 County: SARASOTA

9. Name and Address of Current Registered Agent

NELSON LEE GARRETT.
2800 OAK ST.
SARASOTA, FL 34237

10. Name and Address of New Registered Agent

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: Nelson Lee Garrett (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D-T NAME STREET ADDRESS CITY-ST-ZIP	CEO-PRES NELSON L. GARRETT 2800 OAK ST. SARASOTA, FL 34237	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D-T NAME STREET ADDRESS CITY-ST-ZIP	V.P.-TRES. ANNADELL M. HARRIS 2800 OAK ST. SARASOTA, FL 34237	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition 800001494348 -05/19/95--01031--005 ****138.75 ****138.75
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE MARYEDITH WIGGINS 108 PROSPECT AVE WINTER HAVEN, FL 33880	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JUANITA BLANKENSHIP BOX 20 RR 3 MARSHALL, ILL 62441	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition gpb 5-18-95 **REMITTED BY MAY 1**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Annadell M. Harris 5/15/95 813-366-5931
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #