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
95 MAY -1 PM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08379 (2)

1. Corporation Name
FLORIDA SOCIETY FOR MICROSCOPY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 116400. 217 MAE UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	P.O. BOX 116400. 217 MAE UNIVERSITY OF FLORIDA GAINESVILLE FL 32611

3. Date Incorporated or Qualified: 03/27/1985
3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-2440350 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORRONE, AUGUSTO A.
217-MAE, DEPT. OF MATERIALS SCIENCE
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32607

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 _____ 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HINSCH, GERTRUDE	1.2 NAME	GREGORY ERDOS, EM LABORATORY
STREET ADDRESS	4202 E. FOWLER AVE., DEPT- BIOLOY LIF 136	1.3 STREET ADDRESS	218 CARR HALL, UNIV. OF FLORIDA
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32611
TITLE	TD	2.1 TITLE	TD, SD ☒ Change ☐ Addition
NAME	PERRY, NORETTA	2.2 NAME	AUGUSTO A. MORRONE
STREET ADDRESS	601 TWELFTH AVENUE NE, APT. #1	2.3 STREET ADDRESS	217-MAE, UNIV. OF FLORIDA
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32611
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	ZUNIGA, ALICIA	3.2 NAME	R. BETTY LORAAMM
STREET ADDRESS	11300 NE 2ND AVENUE, SCHOOL OF NATURAL HEA	3.3 STREET ADDRESS	DEPT. OF BIOLOGY, LIF 169
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	4202 FOWLER AVE. TAMPA, FL 33620
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRONE, AUGUSTO A.	4.2 NAME	
STREET ADDRESS	217 MAE, P.O. BOX 116400, UNIVERSITY OF FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: A. Morrone, AUGUSTO A. MORRONE, SD 4-26-95 (904) 392-1497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #