

FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **NU3904**  
1. Corporation Name  
**CENTRAL FLORIDA TISSUE BANK, INC.**

Principal Place of Business <b>32 West Gore Street Orlando, FL</b>	Mailing Address <b>32 West Gore Street Orlando, FL</b>
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3. Date Incorporated or Qualified <b>06/18/1991</b>	3a. Date of Last Report <b>07/18/1996</b>
4. FEI Number <b>59-3088930</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
**Carr, Edward O.  
32 West Gore Street  
Orlando, FL 32806**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DC <input type="checkbox"/> DELETE
NAME	<b>Yates, Leighton D., Jr.</b>
STREET ADDRESS	<b>200 S. Orange Ave.</b>
CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	DVC <input type="checkbox"/> DELETE
NAME	<b>Ramsdell, Robert</b>
STREET ADDRESS	<b>2811 Curry Ford Road</b>
CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	DPS <input type="checkbox"/> DELETE
NAME	<b>Carr, Edward O.</b>
STREET ADDRESS	<b>32 W. Gore St.</b>
CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	DT <input type="checkbox"/> DELETE
NAME	<b>Boone, David E.</b>
STREET ADDRESS	<b>200 S. Orange Ave.</b>
CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>Duda, Betty, A.</b>
STREET ADDRESS	<b>2450 Mikler Road</b>
CITY-ST-ZIP	<b>Oviedo, FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>Eidson, Tedford</b>
STREET ADDRESS	<b>2807 Edgewater Dr.</b>
CITY-ST-ZIP	<b>Orlando, FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Metz, Ronald E.</b>
13 STREET ADDRESS	<b>861 S.E. 47th Street</b>
14 CITY-ST-ZIP	<b>Cape Coral, FL</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 am an officer or director of the corporation or the registered agent 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E037 (9/96)