**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

# FILED
# Aug 07 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N93000001711 (1)

1. Corporation Name
FLORIDA ASSOCIATION OF BENTHOLOGISTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6821 S.W. ARCHER ROAD<br>GAINESVILLE FL 32608 | 6821 S.W. ARCHER ROAD<br>GAINESVILLE FL 32608 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1993
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3156064 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

EVANS, DAVID L
6821 S.W. ARCHER ROAD
GAINESVILLE FL 32608

**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 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 David L. Evans David L. Evans 7/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☑ DELETE | 1.1 TITLE | PD | ☐ Change ☑ Addition |
| NAME | HULBERT, JAMES L | | 1.2 NAME | Walton, Albert S. | |
| STREET ADDRESS | 2270 COLSTREWAM DR | | 1.3 STREET ADDRESS | 7451 Golf Course Blvd. | |
| CITY-ST-ZIP | WINTER PARK FL | | 1.4 CITY-ST-ZIP | Punta Gorda, FL 33982 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUTTER, ROBERT P | | 2.2 NAME | | |
| STREET ADDRESS | 7451 GOLF COURSE BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PUNTA GORDA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | PD D | ☐ DELETE | 3.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | CRIKIS, MICHEAL | | 3.2 NAME | | |
| STREET ADDRESS | 2191 BEAR ISLAND RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE BUENA VISTA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☑ DELETE | 4.1 TITLE | TD | ☑ Change ☑ Addition |
| NAME | BARTADZIEJ, WILLIAM M | | 4.2 NAME | [redacted] Daigle, Jerrell J. | |
| STREET ADDRESS | 3917 COMMONWEALTH BLVD MS 710 | | 4.3 STREET ADDRESS | 2166 Kimberly Lane | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 4.4 CITY-ST-ZIP | Tallahassee, FL 32311 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (4/97)

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 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 [redacted] 8/4/97 904-921-9596