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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:42

DOCUMENT # **N93000003456 (1)**

1. Corporation Name
RESEARCH INSTITUTE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6830 N.W. 11TH PLACE SUITE C GAINESVILLE FL 32605 US	6830 N.W. 11TH PLACE SUITE C GAINESVILLE FL 32605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3186999 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Research Institute Intern
Suite, Apt. #, etc.
22 1034-C NW 57th Street
City & State
23 Gainesville, FL
Zip 24 32605 Country 25 USA

2a. Mailing Address
26 Research Institute Intern'l
Suite, Apt. #, etc.
27 1034-C NW 57th Street
City & State
28 Gainesville, FL
Zip 29 32605 Country 30 USA

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

9. Name and Address of Current Registered Agent

LANE, WILLIAM R JR
501 E KENNEDY BLVD
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	D	11 TITLE	☐ Change ☐ Addition
NAME	LOWERY, GARY L	12 NAME	
STREET ADDRESS	3111 N.W. 58TH BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ALICE T	22 NAME	
STREET ADDRESS	507 NW 39TH RD #315	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MUSSALLEM, JAMES M	32 NAME	
STREET ADDRESS	5120 N CENTRAL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85012	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 asterisk.

SIGNATURE: Gary L Lowery MD/PhD — Gary L. Lowery, M.D., Ph.D. — 3/17/95 — 904-331-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002749