

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # N93000003456 (1)

1. Corporation Name

RESEARCH INSTITUTE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

6716 NW 11 PLACE  
SUITE F  
GAINESVILLE FL 32605  
US

6716 NW 11 PLACE  
SUITE F  
GAINESVILLE FL 32605-4275  
US

2. Principal Place of Business

21 6400 W. NEWBERRY RD

Suite, Apt. #, etc.

22 206

City & State

23 GAINESVILLE FL

Zip

24 32605

Country

25 USA

2a. Mailing Address

26 6400 W. NEWBERRY RD

Suite, Apt. #, etc.

27 206

City & State

28 GAINESVILLE FL

Zip

29 32605

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
08/02/1993

3a. Date of Last Report  
03/15/1996

4. FEI Number  
59-3186999

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name GARY L. LOWERY  
82 Street Address (P.O. Box Number is Not Acceptable) 3111 NW 58th BLVD  
83  
84 City GAINESVILLE FL 85 Zip Code 32605

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 D ☐ DELETE

NAME LOWERY, GARY L  
STREET ADDRESS 3111 N.W. 58TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME ALLEN, ALICE T  
STREET ADDRESS 507 NW 39TH RD #315  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME MUSSALLEM, JAMES M  
STREET ADDRESS 5120 N CENTRAL AVE  
CITY-ST-ZIP PHOENIX AZ 85012

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

*[Signature]*

5/6/97

350 222 8705

CR2E037 (9/96)