FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TALLAHASSEE FL 32301



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005756 (2)

FARLEY'S AQUATIC RESEARCH LABORATORY, INC.

FILED
May 11 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					
HC 01 BOX 2995 TALLAHASSEE FL 32310	HC DI BOX 2995 TALLAHASSEE FL 32310	3. Date Incorporated or Qualified 12/23/1993			
		4. FEI Number Applied For			
		59-32 148 13 Not Applicable			
2. Principal Place of Business 21	2a. Mailing Address 28	5. Certificate of Status Desired \$8.75 Additional Fee Required			
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State City & State		7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country	Zip Country 29 30	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent			
WARFEL, TIMOTHY J 215 S MONROE STREET	81	Name Street Address (P.O. Box Number is Not Acceptable)			
SUITE 701	83				

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 Re		required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DE	LETE	1.1 TITLE		Change	Addition	
NAME	FARLEY, DAN SR		1.2 NAME				
STREET ADDRESS	HC 01 BOX 2995		1.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY-ST-ZIP		<u>.</u>		
TITLE	D DE	LETE	2.1 TITLE		Change	☐ Addition	
NAME	FARLEY, DAN JR		2.2 NAME				
STREET ADDRESS	765 RICHMOND AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP				
TIFLE	D DE	LETE	3.1 TITLE		☐ Change	Addition .	
NAME	JOHNSON, KIMBERLY		3.2 NAME				
STREET ADDRESS	124 CADIZ STREET	ı	3.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY - ST-ZIP				
TITLE	DEI	LETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	□ DEI	LETE	5.1 TITLE		☐ Change	Addition Addition	
NAME		1	5.2 NAME				
STREET ADDRESS		ŀ	5.3 STREET ADDRESS				
CFTY-ST-ZIP			5.4 CITY-ST-ZIP			<u> </u>	
TITLE	□ DE	LETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
01TH 07 TID			S A CUTY OF THE				

14. I 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 angual reports 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 emplowered 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:

4-29-98 BOSW2177

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