

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000003717 (5)

1. Corporation Name

NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION

Principal Place of Business

Mailing Address

1 PROGRESS BOULEVARD  
BOX 7  
ALACHUA FL 32615

1 PROGRESS BOULEVARD  
BOX 7  
ALACHUA FL 32615



3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0510230

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHER, SUSAN  
1 PROGRESS BOULEVARD  
BOX 7  
ALACHUA FL 32615

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

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  
NAME HEGGESTAD, ARNOLD  
STREET ADDRESS 321 BUSINESS UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ DELETE  
NAME PHILLIPS, WINFRED  
STREET ADDRESS 300 WEIL HALL, UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE CD ☐ DELETE  
NAME HOLBROOK, KAREN  
STREET ADDRESS 223 GRINTER HALL, UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ DELETE  
NAME SURFACE, J. FRANK JR  
STREET ADDRESS 50 N. LAURA STREET, 2800  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

S/T  
Lawrence P. Albertson  
One Progress Blvd, Box 7  
Alachua, FL 32615

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)(k), 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:

Lawrence P. Albertson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE P. ALBERTSON SECRETARY/TREASURER

2/13/96

Date

904-462-0498

Daytime Phone #

CR2E037 (12/95)