

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003717 (5)**

1. Corporation Name

NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION



Principal Place of Business 1 PROGRESS BOULEVARD BOX 7 ALACHUA FL 32615	Mailing Address 1 PROGRESS BOULEVARD BOX 7 ALACHUA FL 32615-9544
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0510230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent WASHER, SUSAN 1 PROGRESS BOULEVARD BOX 7 ALACHUA FL 32615	
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10. Name and Address of New Registered Agent	
81 Name Lawrence P. Albertson	85 Zip Code FL 32615
82 Street Address (P.O. Box Number is Not Acceptable) One Progress Boulevard	
83 Box 7	
84 City Alachua	

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE Lawrence P. Albertson (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	HEGGESTAD, ARNOLD	
STREET ADDRESS	321 BUSINESS UNIVERSITY OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	
NAME	PHILLIPS, WINFRED	
STREET ADDRESS	300 WEIL HALL, UNIVERSITY OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	CD	
NAME	HOLBROOK, KAREN	
STREET ADDRESS	223 GRINTER HALL, UNIVERSITY OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	
NAME	SURFACE, J. FRANK JR	
STREET ADDRESS	50 N. LAURA STREET, 2800	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	ST	
NAME	ALBERTSON, LAWRENCE P	
STREET ADDRESS	ONE PROGRESS BLVD BOX F	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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 Lawrence P. Albertson REQUIRED 2-7-97 904-462-0498
Lawrence P. Albertson Date Daytime Phone #0011411

CR2E037 (9/96)