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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004101 (1)

1. Corporation Name

NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION  
OF GAINESVILLE

Principal Place of Business

Mailing Address

1 PROGRESS BLVD.  
BOX 7  
ALACHUA FL 326151 PROGRESS BLVD.  
BOX 7  
ALACHUA FL 32615-95443. Date Incorporated or Qualified  
08/18/19943a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3265041Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WASHER, SUSAN  
1 PROGRESS BLVD.  
BOX 7  
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name Lawrence P. Albertson  
82 Street Address (P.O. Box Number is Not Acceptable)  
One Progress Blvd  
Box 7  
83 City Alachua  
84 FL 85 Zip Code 3261511. 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 in Section 617.0503, Florida Statutes.

SIGNATURE Lawrence P. Albertson

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 HOLBROOK, KAREN A  
STREET ADDRESS 223 GRINTER HALL, UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL 32611-55001.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE CD ☐ DELETE  
NAME PHILLIPS, WINFRED M  
STREET ADDRESS 300 WEIL HALL, UNIVERSITY OF FLORIDA  
CITY-ST-ZIP GAINESVILLE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SPROALL, JAMES  
STREET ADDRESS 411 N MAIN STREET  
CITY-ST-ZIP GAINESVILLE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME ALBERTSON, LAWRENCE  
STREET ADDRESS 1 PROGRESS BLVD., STE. 144  
CITY-ST-ZIP ALACHUA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE S ☒ DELETE  
NAME WASHER, SUSAN  
STREET ADDRESS 1 PROGRESS BLVD. STE. 144  
CITY-ST-ZIP ALACHUA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME DEAN, H EDWARD  
STREET ADDRESS 230 NE 25 AVE  
CITY-ST-ZIP OCALA FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP14. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011413

CP2E037 (9/96)