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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32615**

**1 PROGRESS BLVD.  
BOX 7  
ALACHUA FL 32615**

2. Principal Place of Business

2a. Mailing Address

**21 2251 NW 41st St.**

Suite, Apt. #, etc.

**22 Suite E**

City & State

**23 Gainesville, FL**

Zip

**24 32606 25 USA**

Country

**26 2251 NW 41st St.**

Suite, Apt. #, etc.

**27 Suite E**

City & State

**28 Gainesville, FL**

Zip

**29 32606 30 USA**

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/18/1994**

4. FEI Number

**59-3265041**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**ALBERTSON, LAWRENCE P  
ONE PROGRESS BLVD  
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

TITLE ☐ DELETE

NAME **D HOLBROOK, KAREN A**

STREET ADDRESS **223 GRINTER HALL, UNIVERSITY OF FLORIDA**

CITY-ST-ZIP **GAINESVILLE FL 32611-5500**

TITLE ☐ DELETE

NAME **CD PHILLIPS, WINFRED M**

STREET ADDRESS **300 WEIL HALL, UNIVERSITY OF FLORIDA**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **D SPROLL, JAMES**

STREET ADDRESS **411 N MAIN STREET**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **P ALBERTSON, LAWRENCE**

STREET ADDRESS **1 PROGRESS BLVD., STE-144**

CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ DELETE

NAME **D DEAN, H EDWARD**

STREET ADDRESS **230 NE 25 AVE**

CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **Fred Blom**

STREET ADDRESS **9200 Brynmardons Rd Suite 200**

CITY-ST-ZIP **Jacksonville, FL 32256**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Director**

1.3 STREET ADDRESS **Calvin Basshardt**

1.4 CITY-ST-ZIP **5542 NW 43rd St.  
Gainesville, FL 32653**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Director**

2.3 STREET ADDRESS **James Copeland**

2.4 CITY-ST-ZIP **302 SE Broadway  
Ocala FL 34470**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Director**

3.3 STREET ADDRESS **Weaver Gaines**

3.4 CITY-ST-ZIP **12085 Research Dr.  
Alachua FL 32615**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**

4.3 STREET ADDRESS **Richard Gantner**

4.4 CITY-ST-ZIP **1600 SW Archer Rd  
Gainesville FL 32609**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Director**

5.3 STREET ADDRESS **Sam Go Forth**

5.4 CITY-ST-ZIP **104 N Main St, 2nd FL  
Gainesville, FL 32601**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Director**

6.3 STREET ADDRESS **Mike Manjan**

6.4 CITY-ST-ZIP **725 NE 25th Ave  
Ocala FL 34470**

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 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**

**Lawrence P. Albertson**

**1-21-98**

**904-462-0498**

CR2E037 (10/97)