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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004101

1. Corporation Name

**NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION
OF GAINESVILLE**

Principal Place of Business

2251 NW 41ST ST #E
GAINESVILLE FL 32606
US

Mailing Address

2251 NW 41ST ST #E
GAINESVILLE FL 32606
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

ALBERTSON, LAWRENCE P
ONE PROGRESS BLVD
BOX 7
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2251 NW 41st St. Suite E

83

84 City Gainesville

FL

85 Zip Code 32606

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: Lawrence P. Albertson LAWRENCE P. ALBERTSON, PRESIDENT 3/25/99
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 D ☒ DELETE
NAME HOLBROOK, KAREN A
STREET ADDRESS 223 GRINTER HALL, UNIVERSITY OF FLORIDA
CITY-ST-ZIP GAINESVILLE FL 32611-5500

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

TITLE D ☐ DELETE
NAME SPROULL, JAMES
STREET ADDRESS 411 N MAIN STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☐ DELETE
NAME ALBERTSON, LAWRENCE
STREET ADDRESS 2251 NW 41ST ST #E
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE
NAME DEAN, H EDWARD
STREET ADDRESS 230 NE 25 AVE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE
NAME FRED BLUM
STREET ADDRESS 9250 BAYMEADOWS RD #200
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME M. Jack Ohanian
1.3 STREET ADDRESS 223 Grinter Hall, Univ. of Florida
1.4 CITY-ST-ZIP Gainesville, FL 32611

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 PO Box 310
3.4 CITY-ST-ZIP Ocala, FL 34478

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 PO Box 1987
5.4 CITY-ST-ZIP Ocala, FL 34478

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 2930 Sandy Branch Lane
6.4 CITY-ST-ZIP Jacksonville, FL 32257

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, with all other like empowered.

SIGNATURE: Lawrence P. Albertson LAWRENCE P. ALBERTSON, PRESIDENT 3/25/99 (352) 335-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98