

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90213 008 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000002839

1. Corporation Name

INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.

Principal Place of Business

737 BYWOOD DRIVE. NE  
PALM BAY FL 32905

Mailing Address

737 BYWOOD DRIVE. NE  
PALM BAY FL 32905



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

06/09/1995

4. FEI Number

59-3350894

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

THOMAS, RUSSELL M.  
737 BYWOOD DRIVE. NE  
PALM BAY FL 32905

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME THOMAS, MERRITT F  
STREET ADDRESS 2442 BRANDY MILL  
CITY-ST-ZIP HOUSTON TX

TITLE D ☐ DELETE

NAME DRANTZ, FRANK  
STREET ADDRESS 150 OLD ENGLEWOOD ROAD, #67  
CITY-ST-ZIP ENGLEWOOD FL 34223-2879

TITLE D ☐ DELETE

NAME ALSTON, SAM  
STREET ADDRESS P.O. BOX 3486  
CITY-ST-ZIP FT. PIERCE FL 34948

TITLE D ☐ DELETE

NAME CROUTNAMEL, WILLIAM C  
STREET ADDRESS 923 S.E. 20TH STREET, D-4  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☐ DELETE

NAME ROBINSON, LYNN  
STREET ADDRESS 1358 CHERRY HILLS DRIVE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE PM ☐ DELETE

NAME THOMAS, RUSSELL  
STREET ADDRESS 727 BYWOOD DR. N.E.  
CITY-ST-ZIP PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)