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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002482 (5)

1. Corporation Name

FLORIDA RESEARCH INSTITUTE, INC.



Principal Place of Business

Mailing Address

2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608

2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608-2002

3. Date Incorporated or Qualified
05/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

Applied For

59-3378527

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS-LEPKE, ELAINE M
2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEPKE, JOHN
STREET ADDRESS 2610 S.W. 14TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32608
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

TITLE PSTO
NAME LYONS-LEPKE, ELAINE M
STREET ADDRESS 2610 S.W. 14TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32608
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

TITLE C
NAME LYONS-LEPKE, ELAINE M
STREET ADDRESS 2610 S.W. 14TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32608
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

TITLE VD
NAME LYONS, KENNETH J
STREET ADDRESS 2306 S.W. 13TH STREET #405
CITY-ST-ZIP GAINESVILLE FL 32608
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE D
NAME BECHTEL, GORDON
STREET ADDRESS 2250 N.W. 21ST AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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: Elaine M. Lyons-Lepke

3/4/97

352-336-6760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011170

CR2E037 (9/96)