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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90134 036 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000003082**

1. Corporation Name

**FLORIDA ENVIRONMENTAL RESEARCH INSTITUTE, INC.**

Principal Place of Business

6406 N. QUEENSWAY DR.  
TEMPLE TERRACE FL 33617

Mailing Address

6406 N. QUEENSWAY DR.  
TEMPLE TERRACE FL 33617



2. Principal Place of Business

21 **10 THE FLORIDA AQUARIUM**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **701 CHANNELSIDE DR**

27 City & State

23 **TAMPA, FL**

28 City & State

24 **33602**

Country

25 **HILLSBOROUGH**

30 Country

3. Date Incorporated or Qualified

**05/29/1998**

4. FEI Number

**59-3517698**

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

**BISSETT, WILLIAM P JR.**  
**2210 S. US HWY. 301**  
**TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name **W. PAUL BISSETT**

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

**6406 N. QUEENSWAY DR**

83 **TAMPA**

84 City

**FL**

85 Zip Code

**33617**

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

**W. P. BISSETT**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/28/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **BISSETT, W. PAUL III**  
STREET ADDRESS **6406 N. QUEENSWAY DR.**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **STD** ☐ DELETE  
NAME **ANDRE, ABBY**  
STREET ADDRESS **3724 HARBOR HEIGHTS DR.**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ DELETE  
NAME **BISSETT, JULIET W**  
STREET ADDRESS **6406 N. QUEENSWAY DR.**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☐ DELETE  
NAME **BISSETT, W. PAUL**  
STREET ADDRESS **6406 N. QUEENSWAY DR.**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**W. P. BISSETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/99**  
Date

**(813) 273-4072**  
Daytime Phone #

CR2E037 (1/98)