

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 029 ****61.25

DOCUMENT # N98000003082

1. Entity Name
**FLORIDA ENVIRONMENTAL RESEARCH INSTITUTE,
INC.**



Principal Place of Business
**10500 UNIVERSITY CENTER DR
SUITE 140
TAMPA, FL 33612**

Mailing Address
**10500 UNIVERSITY CENTER DR
SUITE 140
TAMPA, FL 33612**

40010646



02022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3517698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BISSETT, W P
5405 S CRESENT DR
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISSETT, W. PAUL III 5405 S CRESCENT DR TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JR, PETER 510 CLIFF DRIVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSETT, JULIET W 5405 S CRESCENT DR TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, HENRY 10111 LINDELAAN DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, TERRY G 1380 ECHO GLEN P.O. BOX 369 GATES MILLS, OH 44040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

2/2/07
Date

813-866-3374
Daytime Phone #