

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**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



01222008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

00000000000000000000  
03/11/08-80002-020 61.25

**10. OFFICERS AND DIRECTORS**

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

813-866-3374

Daytime Phone #