2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000074850 1. Entity Name FILED F & G RESEARCH, INC. 08 FEB | 1 PM 1: 44 Principal Place of Business Mailing Address SECRETARY OF STATE C/O ALLEN D BRUFSKY PA C/O ALLEN D BRUFSKY PA **475 GALLEON DRIVE 475 GALLEON DRIVE** NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5963267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUFSKY, ALLEN D Street Address (P.O. Box Number is Not Acceptable) 475 GALLEON DR NAPLES, FL 34102 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. FRANK C. BLUMEYER Change Delete TITLE TITLE FEDERICO GILLIGAN, PRES NAME NAME GORDON DIR 475 GALLEON DR STREET ADDRESS STREET ADDRESS 34/02 CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ALLEN D. BRUFSKY-SECRETARY NAME 400118355724 02/19/08--01052--002 **61. 475 GALLEON DR STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MARCIA J. CARROLL-TREASURER NAME NAME **475 GALLEON DRIVE** STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY+ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE BEUMEYER, FRANK C MR NAME NAME STREET ADORESS 4144 GORDON DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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. σ5 239-551-0fos SIGNATURE: SIGNATURE Daytime Phone