

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$393)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

SECRET
DIVISION
CORPORATIONS

DOCUMENT # P32934 (2)

1. Corporation Name

STUDIES ON SMOKING, INC.

Principal Place of Business

Mailing Address

125 HIGH STREET
EDINBORO PA 16412

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EDINBORO PA 16412

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

06/30/1994

4. FBI Number

23-2297131

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒ **FILING FEE IS \$61.25**

8. This Corporation has liability for alternate 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

MILLER, G.H.
25 CRESCENT PL SOUTH
ST PETERSBURG FL 33711

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MILLER, G.H.
STREET ADDRESS 6752 31ST WAY SOUTH
CITY - ST - ZIP ST PETERSBURG FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE S
NAME MILLER, MARY H.
STREET ADDRESS 6752 31ST WAY SOUTH
CITY - ST - ZIP ST PETERSBURG FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME CHAFFEE, JOHN S.
STREET ADDRESS 1115 CHESTNUT HILL DR
CITY - ST - ZIP ERIE PA

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME CHITTENDEN, CHARLES E.
STREET ADDRESS 3563 PIEDMONT RD NE
CITY - ST - ZIP ATLANTA GA

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME TRICE, WILLIAM B.
STREET ADDRESS 5501 FULDA DRIVE
CITY - ST - ZIP ERIE PA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME COX, CHARLES E
STREET ADDRESS MOFFIT CANCER CENTER
CITY - ST - ZIP TAMPA FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

G. H. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/95

Date

814-734-5538

(Signature) (Phone)

CR2E037 (3/95)