FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000076423 (0)**

1. Corporation Name
PROCESS SCIENCE, INC.

Principal Place of Business	Mailing Address
~~2145 CORPORATION BLVD~~ ~~NAPLES FL 33942~~ US	2145 CORPORATION BLVD NAPLES FL 33942 US

2. Principal Place of Business	2a. Mailing Address
21 6062 LEE ANN LANE	26 7551 SAN MIGUEL WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NAPLES, FL	28 City & State: NAPLES, FL 33942
24 Zip: 33942 25 Country: USA	29 Zip: 33942 30 Country: USA

3. Date Incorporated or Qualified: **10/07/1994**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **65-0528360** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DONELON, THOMAS R
649 FIFTH AVENUE SOUTH
SUITE 206
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 607.0124 and 607.1505, 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 corporation is authorized by its corporate officers or directors to make this change. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BOOTH, STEVEN R	12 NAME	
STREET ADDRESS	7551 SAN MIGUEL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication for the filing of this report.

SIGNATURE: Steven P. Booth 3/22/96 941-597-3827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN P. BOOTH