SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090112 (1)**

1. Corporation Name
CENTRAL FLORIDA RESEARCH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1414 KUHL AVENUE BOX 84 ORLANDO FL 32806	1414 KUHL AVENUE BOX 84 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: ☒ 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

GIBSON, JANE S
1414 KUHL AVENUE
BOX 84
ORLANDO FL 32806

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	BEHEL, SUSAN	12 NAME		
STREET ADDRESS	991 SAND LAKE ROAD	13 STREET ADDRESS	Removed	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	GENNARO, ROBERT	22 NAME	Removed	
STREET ADDRESS	UNIV. OF CENTRAL FLA. BLDG. 20	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32816-2360	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GIBSON, JANE S	32 NAME		
STREET ADDRESS	1414 KUHL AVENUE, BOX 84	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LAWMAN, MICHAEL	42 NAME		
STREET ADDRESS	12722 RESEARCH PARKWAY	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	STRANDBERG, JAMES	52 NAME		
STREET ADDRESS	2700 EAST CELERY	53 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771	54 CITY-ST-ZIP		
TITLE		61 TITLE	D.	☐ Change ☒ Addition
NAME		62 NAME	Lawman, Pat	
STREET ADDRESS		63 STREET ADDRESS	12722 Research Parkway	
CITY-ST-ZIP		64 CITY-ST-ZIP	Orlando, FL 32826	

CR2E034 (3/95)

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 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 if changed, or on an attachment with an address.

SIGNATURE: Pat Lawman — 7/21/95 — (407) 380-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pat Lawman

0012860 CP