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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000039037 (3)**

1. Corporation Name
MORPHOGENESIS, INC.

Principal Place of Business	Mailing Address
4039 GILDER ROSE PLACE WINTER PARK FL 32792 US	4039 GILDER ROSE PLACE WINTER PARK FL 32792-9417 US

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 12085 Research Drive	26 12085 Research Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Alachua, FL	City & State 28 Alachua, FL
Zip / Country 24 32615 / 25 US	Zip / Country 29 32615 / 30 US

4. FEI Number: 59-3359711 ☐ 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	10. Name and Address of New Registered Agent
HAMES, LAURENCE C 390 NORTH ORANGE AVENUE ORLANDO FL 32801	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	PC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LAWMAN, MICHAEL J.P.		1.2 NAME		
STREET ADDRESS	4039 GILDER ROSE PLACE		1.3 STREET ADDRESS	12085 Research Drive	
CITY-ST-ZIP	WINTER PARK L		1.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	VM	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LAWMAN, PATRICIA D.		2.2 NAME		
STREET ADDRESS	4039 GILDER ROSE PLACE		2.3 STREET ADDRESS	12085 Research Drive	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	William M. Hunter	
STREET ADDRESS			3.3 STREET ADDRESS	12085 Research Drive	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Patricia D. Lawman 4/21/97 (904) 418-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #