

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90067 027 ***150.00

DOCUMENT # P96000103042

1. Corporation Name

TOXICOLOGY ECOLOGY RESEARCH RISK ASSESSMENT, INC



Principal Place of Business

Mailing Address

1709 MAHAN DRIVE
SUITE E
TALLASASSEE FL 32308

1709 MAHAN DRIVE
SUITE E
TALLASASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1234 Timberlane Road

2a. Mailing Address

1234 Timberlane Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fl. 32312

City & State

Tallahassee, Fl. 32312

Zip Country
32312 25 USA

Zip Country
32312 30 USA

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3416786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

RAINER, FRANK P
STERNSTERN-RAINER & CLARK
314 NORTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Robert C. James

82 Street Address (P.O. Box Number is Not Acceptable)

3812 Robbin Brook Circle

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JAMES, ROBERT C
STREET ADDRESS 3812 BOBBIN BROOK CIRCLE
CITY-ST-ZIP TALLASASSEE FL 32312

TITLE VP ☒ DELETE

NAME HAHN, DOUGLAS R
STREET ADDRESS 501 BLAIRSTONE RD., 2222
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Janice Britt-Woods
7708 Summer Tanager Drive
Tallahassee, Fl. 32312

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert C. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 034 (11/98)