FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAR -6 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64253

1. Corporate Name
EMBRO RESEARCH CORPORATION

Principal Place of Business / Mailing Address
EMBRO RESEARCH CORPORATION
832 N.W. 57th Street, Suite A
Gainesville, FL 32605

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 832 N.W. 57th Street
Suite, Apt. #, etc.
22 Suite A
City & State
23 Gainesville, FL
Zip 24 32605 Country 25 USA

2a. Mailing Address
26 832 N.W. 57th Street
Suite, Apt. #, etc.
27 Suite A
City & State
28 Gainesville, FL
Zip 29 32605 Country 30 USA

4. FEI Number: 59-3144949 ☐ 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
Linda Embro
832 N.W. 57th Street, Suite A
Gainesville, FL 32605

10. Name and Address of New Registered Agent
81 Name: Linda Embro
82 Street Address (P.O. Box Number is Not Acceptable): 832 N.W. 57th Street, Suite A
83
84 City: Gainesville, FL 85 Zip Code: 32605

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: Linda S. Embro X (NOTE: Registered Agent signature required when reinstating) DATE: 3/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
	President & CEO Dr. William J. Embro Gainesville, FL 32605		President & CEO Dr. William J. Embro 832 N.W. 57th Street, Suite A Gainesville, FL 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002108658---4 -03/10/97--01015--031 ****782.50 3-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002108312---4 -03/10/97--01015--031 ****617.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition ****782.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I declare, to the best of my knowledge and belief, that the information supplied with this filing does not qualify for the exemption stated in Section [illegible], that all 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 a current officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter [illegible], Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Embro X 3/5/97 (352) 332-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #