

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 259379

(6)

1. Corporation Name

DANIELS PHARMACEUTICALS, INC.

Principal Place of Business

2517 25TH AVE NORTH
ST PETERSBURG FL 33713
US

Mailing Address

6401 9TH ST., NORTH
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1962

3a. Date of Last Report

04/05/1994

4. FEI Number

59-0979811

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DANIELS, THOMAS B
6401 9TH STREET NORTH
ST. PETERSBURG FL 33702

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

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

DANIELS, XAVIER

STREET ADDRESS

6401 9TH STREET NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

DANIELS, THOMAS B., JR.

STREET ADDRESS

6401 9TH ST., NO.

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

STD

NAME

DUQUETTE, FRANCIS D

STREET ADDRESS

6401 9TH STREET NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

PD

NAME

WOLFSON, BERNARD B.

STREET ADDRESS

2527 25TH AVE., NO.

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

MCMILLAN, RONALD L.

STREET ADDRESS

6401 9TH STREET NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DELETE

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 registered agent 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 in an addition block, and an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD L. MCMILLAN

2/20/95

(813)525-1564