FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:34

DOCUMENT # **690332** **(2)**

1. Corporation Name
BANE RESPIRATORY SERVICES, INC.

Principal Place of Business	Mailing Address
204 N. MOBLEY ST. PLANT CITY FL 33567-4707	204 N. MOBLEY ST. PLANT CITY FL 33567-4707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1981
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 1701 S. Alexander
Suite, Apt. #, etc.
22 Suite 114
City & State
23 Plant City, FL
Zip 24 33567 Country 25 Hillsborough

2a. Mailing Address
26 POST OFFICE BOX 663
Suite, Apt. #, etc.
27
City & State
28 Plant City, FL
Zip 29 33564 Country 30 Hillsborough

4. FEI Number: 59-2097986 ☐ 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

BANE, BEN W.
285 HAMMOCK DR.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2302 Walden Place N.
83
84 City Plant City FL 85 Zip Code 33567

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	ST	11 TITLE	None	☒ Change ☐ Addition
NAME	BANE, CONSUELLA	12 NAME	None	
STREET ADDRESS	2885 HAMMOCK DR.	13 STREET ADDRESS	None	
CITY-ST-ZIP	PLANT CITY, FL 00000	14 CITY-ST-ZIP	None	
TITLE	DP	21 TITLE		☒ Change ☐ Addition
NAME	BANE, BEN W	22 NAME		
STREET ADDRESS	2885 HAMMOCK DR.	23 STREET ADDRESS	2302 Walden Place N.	
CITY-ST-ZIP	PLANT CITY, FL 00000	24 CITY-ST-ZIP	Plant City, FL 33567	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Ben W. Bane ✓ Date: 3-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ben W. Bane

CR7E70 CP