

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049224 (5)

1. Corporation Name

FLORIDA GENETICS CORPORATION



Principal Place of Business

Mailing Address

SID MARTIN BIOTECH DEVELOPMENT INSTITUTE
12085 RESEARCH DR., SUITE 120
ALACHUA FL 32615

SID MARTIN BIOTECH DEVELOPMENT INSTITUTE
12085 RESEARCH DR., SUITE 120
ALACHUA FL 32615

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Room 133

27 Room 133

23 City & State

28 City & State

24

Zip

25 Country

29

Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENDREE, DR. WILLIAM L JR.
1101 MEADOW LAKE WAY
SUITE 203
WINTER SPRINGS FL 32708

81 Name

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

442 SE 2nd Ave.

83

84 City Lake Butler

FL

85 Zip Code 32054

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

W. L. Mckendree

Signature typed or printed name of which registered agent

DATE Registered Agent signature to previous recordation

5/13/96

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME MCKENDREE, DR. WILLIAM L JR.
STREET ADDRESS 1101 MEADOW LAKE WAY, #203
CITY-ST-ZIP WINTER SPRINGS FL 32708

1.1 TITLE President, CEO
1.2 NAME
1.3 STREET ADDRESS 442 SE 2nd Ave
1.4 CITY-ST-ZIP Lake Butler, FL 32054

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME COLLIS, DR. PHILLIP
STREET ADDRESS ENVIRO. HEALTH, U OF F, P.O. BOX 112190
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME HALL, DR. DAVID W
STREET ADDRESS 6421 N.W. 23RD ST., SUITE 500
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME FERL, DR. ROBERT J
STREET ADDRESS U OF F, 1255 FIFIELD HALL
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME MCKENDREE, WILLIAM L SR.
STREET ADDRESS 142 DORY LANE
CITY-ST-ZIP OSPREY FL 32229

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME Secretary / Treasurer
Mrs. Lisa Mckendree
STREET ADDRESS 442 SE 2nd Ave.
CITY-ST-ZIP Lake Butler, FL 32054

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

W. L. Mckendree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96

(904) 462-0895

CR2E034 (12/95)