

2-27-98 B-2639 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 400447 (9)  
1. Corporation Name  
MID-FLORIDA BIOLOGICALS, INC.

Principal Place of Business  
331 N. MAITLAND AVE D-6  
MAITLAND FL 32751

Mailing Address  
331 N. MAITLAND AVE D-6  
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1415597	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BADGER, CHARLES LEE 206 CAMDEN RD ALTAMONTE SPGS FL 32714		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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	PRESIDENT & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BADGER, CHARLES LEE	1.2 NAME	JOHN LANGSTAFF				
STREET ADDRESS	206 CAMDEN ROAD, ROUTE 2	1.3 STREET ADDRESS	104 CHANCELLOR MATHESON RD.				
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	WINNIPEG, MB., CANADA R3T 5Y3				
TITLE	VD	2.1 TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TACKETT, HOMER G	2.2 NAME	JOHN MC MILLAN				
STREET ADDRESS	3631 THOMPSON ROAD	2.3 STREET ADDRESS	26 HENLOW BAY				
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	WINNIPEG, MB., CANADA R3Y 1G4				
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 registered agent 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 in an attachment with an address.

SIGNATURE:  John LANGSTAFF Feb 13/98 204 889-6853

CR2E034 (10/97)