

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

APPROVED
AND
FILED

1996 APR 30 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 499177 (4)

1. Corporation Name

BIOLOGICAL RESEARCH ASSOCIATES, INC.

Principal Place of Business

1803 U.S. 19
HOLIDAY FL 34691

Mailing Address

P.O. BOX 1438
TAMPA FL 33601

3. Date Incorporated or Qualified

03/17/1976

3a. Date of Last Report

08/09/1995

4. FEI Number

59-1663472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

HUMPHRIES, J. BOB
FOWLER, WHITE LAW FIRM
501 E. KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE DP
NAME SPEER, RICHARD M
STREET ADDRESS 1803 U.S. 19
CITY-ST-ZIP HOLIDAY FL 34691

TITLE S ☐ DELETE

NAME HUMPHRIES, J. BOB
STREET ADDRESS 501 E. KENNEDY #1700
CITY-ST-ZIP TAMPA FL

TITLE DT ☐ DELETE

NAME BAKER, RICHARD W.
STREET ADDRESS 1803 US 19
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D

XX 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

P

☐ Change ☒ Addition

700001801207
-04/30/96--01068--019
****200.00 ****200.00

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 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: J. Bob Humphries, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(813) 222-1173

Date

Daytime Phone If

CR2E034 (12/95)