

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

**APPROVED
AND
FILED**

DOCUMENT # F83821

(1)

1. Corporation Name

ANALGESIC COMPANY OF TAMPA BAY, INC.

95 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4809 N ARMENIA STE 114
TAMPA FL 33603
US**

**4809 N ARMENIA STE 114
TAMPA FL 33603
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1982

3a. Date of Last Report

05/11/1994

4. FEI Number

59-2202229

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

2a. Mailing Address

21 **7821 North Dale Mabry Hwy**

26 **7821 N. Dale Mabry Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **Suite 200**

City & State

City & State

23 **Tampa FL**

28 **Tampa FL**

Zip

Country

Zip

Country

24 **33614**

25 **USA**

29 **33614**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGERTON, ROY
4809 N. ARMENIA - STE. 114
TAMPA FL 33603**

81 Name

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

7821 North Dale Mabry Highway

83 **Suite 200**

84 City **Tampa**

FL

85 Zip Code

33614

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 fee if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

Roy Edgerton

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **EDGERTON, ROY**
STREET ADDRESS **1201 MAGDELENE MANOR DR.**
CITY - ST - ZIP **TAMPA FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Edgerton

Date

Signature (Printed)

4-27-95