

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90073 018 \*\*\*158.75

DOCUMENT # F94000006222

1. Corporation Name  
AN-CON GENETICS, INC.

Principal Place of Business  
7100 30TH AVENUE NORTH  
ST. PETERSBURG FL 33710-2902

Mailing Address  
7100 30TH AVENUE NORTH  
ST. PETERSBURG FL 33710-2902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

11-2644611

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNINGHAM, DELTON N  
7100 30TH AVENUE NORTH  
ST. PETERSBURG FL 33710-2902

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 ☐ DELETE  
NAME MAKRIDES, ANDREW  
STREET ADDRESS 7100 30TH AVENUE N  
CITY-ST-ZIP ST. PETERSBURG FL 33710-2902

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

TITLE VD ☐ DELETE  
NAME SARON, J. ROBERT  
STREET ADDRESS 9807 ASHLEY DRIVE  
CITY-ST-ZIP SEMINOLE FL 34642

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

TITLE ST ☐ DELETE  
NAME CUNNINGHAM, DELTON N  
STREET ADDRESS 7500 NORMANDY CT  
CITY-ST-ZIP SEMINOLE FL 34642

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

TITLE D ☒ DELETE  
NAME VALENTI, JOSEPH  
STREET ADDRESS 5700 MARINER DR., APT 305W  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ DELETE  
NAME KROMER, GEORGE  
STREET ADDRESS 7100 30TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS DAVIDSON, KENNETH W.  
5.4 CITY-ST-ZIP 10300 49th St. N.  
CLEARWATER, FL 33762

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS BLAKELY, KEITH A.  
6.4 CITY-ST-ZIP 699 HERTEL AVE.  
BUFFALO, NY 14207

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)