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Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90004 034 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000006834

1. Corporation Name
BIOWEB CORP.



Principal Place of Business

12085 RESEARCH DR
ALACHUA FL 32615

Mailing Address

12085 RESEARCH DR
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number

59-3361161

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

21 13709 Progress Blvd.

2a. Mailing Address

26 13709 Progress Blvd.

Suite, Apt. #, etc.

22 Box 13

Suite, Apt. #, etc.

27 Box 13

City & State

23 Alachua FL

City & State

28 Alachua FL

Zip

24 32615

Country

25 USA

Zip

29 32615

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GAINES, WEAVER H**
CITY-ST-ZIP **9922 SW 41ST RD
GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **RICHARDS, NIGEL**
CITY-ST-ZIP **1435 NW 116TH WAY
GAINESVILLE FL 32606**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SCHUSTER, SHELDON M**
CITY-ST-ZIP **910 SW 112TH ST
GAINESVILLE FL 32607**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **PURVIS, GEORGE D**
CITY-ST-ZIP **17665 SW ALBERT CT
BEACERTON OR 97007**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **RICHARDS, CHRISTINE**
CITY-ST-ZIP **1435 NW 116TH WAY
GAINESVILLE FL 32606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)