

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90124 026 \*\*\*150.00

DOCUMENT # F97000004520

1. Corporation Name  
AQUAGENE, INC.

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

08/27/1997

4. FEI Number

59-3437113

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALIPPEAU, LANI  
~~GALDEAU, LANI~~  
12085 RESEARCH DRIVE  
ALACHUA FL 32615

CORRECTION  
ONLY

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 DP ☐ DELETE  
NAME ROGERS, JOHN B  
STREET ADDRESS 9401 FRANKLIN AVE. WEST  
CITY-ST-ZIP MINNEAPOLIS MN 55426

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME JOHN ABILES, M.D.  
1.3 STREET ADDRESS 2365 NW 41ST ST.  
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☐ DELETE  
NAME GAINES, WEAVER  
STREET ADDRESS 12085 RESEARCH DR.  
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE D ☐ DELETE  
NAME TANNER, JAY M  
STREET ADDRESS 6611 HAYTER DR.  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE D ☐ DELETE  
NAME SEN, ARUP  
STREET ADDRESS 6621 NW 41 ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE V ☐ DELETE  
NAME OGDEN, SHARON  
STREET ADDRESS 12085 RESEARCH DR.  
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE VS ☒ DELETE  
NAME SCHUSTER, HOLLY  
STREET ADDRESS 12085 RESEARCH DR.  
CITY-ST-ZIP ALACHUA FL 32615

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:

*JOHN B. ROGERS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99  
Date

904-418-1400  
Daytime Phone #

CR2E034 (11/98)

0064836