

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

DOCUMENT # **G08359** (3)

1. Corporation Name

PROTEIN ASSOCIATES COMPANY, INC.



Principal Place of Business

**% W. HENRY BARBER, JR.
203 N.E. FIRST STREET
GAINESVILLE FL 32601**

Mailing Address

**% W. HENRY BARBER, JR.
203 N.E. FIRST STREET
GAINESVILLE FL 32601**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., #, etc.

State, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**BARBER, W. HENRY, JR.
203 NE FIRST STREET
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified

11/16/1982

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2346646

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

10. Name and Address of New Registered Agent

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 607.0602 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 of person authorized to sign this statement

Printed Name of Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP
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**OP
MITCHELL, ETHEL S
633 NW 8TH AVE
GAINESVILLE, FL 00000
DV
MITCHELL, SAMUEL J
633 NW 8TH AVE.
GAINESVILLE FL 32601**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1
1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 attached list with an address.

SIGNATURE:

Samuel J. Mitchell
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 904-372-5358
DATE OF FILING

CR2E034 (12/95)