FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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	

2. Principal Place of Business (21, 22, 23, 24, 25)

2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

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

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 607.0502 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 of New Registered Agent, if changing) (Signature of Registered Agent accepting appointment as registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, ETHEL S**	1.2 NAME	
STREET ADDRESS	**633 NW 8TH AVE**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**GAINESVILLE, FL 00000**	1.4 CITY-ST-ZIP	
TITLE	**DV** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, SAMUEL J**	2.2 NAME	
STREET ADDRESS	**633 NW 8TH AVE.**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**GAINESVILLE FL 32601**	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added to the report with an address.

SIGNATURE: Ethel S Mitchell Samuel D. Mitchell 1/22/96 904-372-5358

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #