

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

94 JUL 20 AM 10:42

DOCUMENT # G53461

(1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

FLORIDA BIOTECHNOLOGY, INC.

Mailing Address
% VAN P. GEEKER
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

Principal Place of Business
% VAN P. GEEKER
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

08/10/1983

3a. Date of Last Report

07/06/1993

2. Mailing Address

2a. Principal Place of Business

4. FEI Number

59-7370429

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

City & State

City & State

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEEKER, VAN P.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required after 1/1/94

ATTEST

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS SINCE

1.1 TITLE

P/D

1.2 NAME

DEBUSK, GIB

1.3 STREET ADDRESS

3583 DORIS DRIVE

1.4 CITY, ST., ZIP

TALLAHASSEE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE

V/D

2.2 NAME

DEBUSK, RUTH M.

2.3 STREET ADDRESS

3583 DORIS DRIVE

2.4 CITY, ST., ZIP

TALLAHASSEE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

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 199.032(2)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. Gib DeBusk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/94 804574-4470