SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G65967** **(3)**

1. Corporation Name
AMERICAN BIO TECH, INC.

Principal Place of Business	Mailing Address
2100 CORP. SQ. BLVD. JACKSONVILLE FL 32245-6765	2100 CORP. SQ. BLVD. JACKSONVILLE FL 32245-6765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1983**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business
21: **3223 HARBOR DRIVE**
22: Suite, Apt. #, etc.
23: City & State: **ST. AUGUSTINE**
24: Zip: **32095** 25: County

2a. Mailing Address
26: **ST. AUGUSTINE FL**
27: Suite, Apt. #, etc.
28: City & State: **FL**
29: Zip 30: County

4. FEI Number: **59-2336953** — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAURENSON, JOHN G., JR. **2100 CORPORATE SQUARE BLVD.** **JACKSONVILLE FL 32245-6769**	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 607.1503, 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: _____ DATE: 6/29/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: **DP** NAME: **LAURENSON, JOHN** STREET ADDRESS: **2100 CORP. SQUARE BLVD.** CITY, ST, ZIP: **JACKSONVILLE FL**	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is absolutely true and correct, that the exemption stated in Section 119.07(3)(i), Florida Statutes, if applicable, is claimed, 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.

SIGNATURE: _____ 6/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

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