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 # **K49455** **(4)**

1. Corporation Name

OXIGUARD, INC.

Principal Place of Business

% RACHAEL S. WORTHINGTON
2494 BAYSHORE BLVD., STE. 101
DUNEDIN FL 34698

Mailing Address

% RACHAEL S. WORTHINGTON
2494 BAYSHORE BLVD., STE. 101
DUNEDIN FL 34698

3. Date Incorporated or Qualified: **12/06/1988**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2922436** ☐ 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. [X] Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

WORTHINGTON, RACHAEL S.
2494 BAYSHORE BLVD.
101
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: BOULLEMET, MARYANN
82 Street Address (P.O. Box Number is Not Acceptable): 2494 BAYSHORE BLVD.
83 SUITE 101
84 City: DUNEDIN **FL** 85 Zip Code: 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1622, 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: MaryAnn Boullemet 1-19-96
(Signature of New Registered Agent) (Typed or Printed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	D ☐ DELETE	1 TYPE	P ☐ Change [X] Addition
NAME	WORTHINGTON, DONALD J.	2 NAME	
STREET ADDRESS	2494 BAYSHORE BLVD., SUITE 101	3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4 CITY-ST-ZIP	
2 TYPE	D ☐ DELETE	5 TYPE	V ☐ Change [X] Addition
NAME	WORTHINGTON, RACHAEL S.	6 NAME	
STREET ADDRESS	2494 BAYSHORE BLVD, SUITE 101	7 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	8 CITY-ST-ZIP	
3 TYPE	DV ☐ DELETE	9 TYPE	☐ Change ☐ Addition
NAME	SCOVILL, RUSSELL B.	10 NAME	
STREET ADDRESS	2494 BAYSHORE BLVD., SUITE 101	11 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	12 CITY-ST-ZIP	
4 TYPE	☐ DELETE	13 TYPE	V,T ☐ Change [X] Addition
NAME		14 NAME	BOULLEMET, MARYANN
STREET ADDRESS		15 STREET ADDRESS	2494 BAYSHORE BLVD., SUITE 101
CITY-ST-ZIP		16 CITY-ST-ZIP	DUNEDIN FL 34698
5 TYPE	☐ DELETE	17 TYPE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
6 TYPE	☐ DELETE	21 TYPE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 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 on an attachment with an address.

SIGNATURE: 1-19-96 813/736-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

MaryAnn Boullemet