

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

05 APR 29 PM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50067

(0)

1. Corporation Name

FLORIDA BLOOD SERVICES, INC.

Principal Place of Business

**3802 SPECTRUM BLVD.
TAMPA FL 33612
US**

Mailing Address

**P.O. BOX 2125
TAMPA FL 33601-2125
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3145469

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARQUARDT, EML C., JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CD
HALE, WILLIAM E
207 JEFFORDS STREET
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
LEONARD, JAMES B
251 PINE ROAD
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ALLEN, MARY W
4001 ALABAMA AVENUE NE
ST PETERSBURG FL 33703**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HAMILTON, JOHN W
175 FIFTH STREET NORTH
ST PETERSBURG FL 33703**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HARKINS, HAROLD L
2803 WEST BUSCH BLVD SUITE 103
TAMPA FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVC
VALDES, PLANO B
702 N FRANKLIN STREET
TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-255-813461-8273