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 # **P29548** **(5)**

1. Corporation Name

ABANA PHARMACEUTICALS, INC.

Principal Place of Business

ABANA PHARMACEUTICALS. INC.
P. O BOX 360388
BIRMINGHAM AL 35236

Mailing Address

ABANA PHARMACEUTICALS. INC.
P. O. BOX 360388
BIRMINGHAM AL 35236

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | Country 30

3. Date Incorporated or Qualified: 05/29/1990

3a. Date of Last Report: 03/21/1995

4. FEI Number: 63-0972979 ☐ 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

SULLIVAN MARSHA D
810 LEXINGTON RD
PENSACOLA FL 32514

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: Marsha D. Sullivan — 3-5-96
Signature, type or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EADS, DALE E.		1.2 NAME		
STREET ADDRESS	1 CHASE CORPORATE DR 260		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLE, PERRY N.		2.2 NAME		
STREET ADDRESS	1 CHASE CORP. DR #260		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES DENNIS M		3.2 NAME		
STREET ADDRESS	11604 LILBURN PARK ROAD		3.3 STREET ADDRESS	1945 CRAIG ROAD	
CITY-ST-ZIP	ST LOUIS MO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	EADS, ANGELA		4.2 NAME	HOLLEY, ANGELA	
STREET ADDRESS	3701 SHOALS CT		4.3 STREET ADDRESS	1608 KING JAMES DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP	ALABASTER, AL 35007	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Perry N. Cole — PERRY N. COLE — 3-5-96 — 205-988-4588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #