

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P31991

(3)

95 MAY - 1 PM 11:32

1. Corporation Name

CRITICAL DISPOSABLES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

700 BEVIER RD
SANFORD FL 32771
US

Mailing Address

200 DEBUSK LANE
POWELL TN 37849

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1990

3a. Date of Last Report

03/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

JOHN C SHARP

4. FEI Number

62-1448403

Applied For

Not Applicable

22

City & State

27

200 DEBUSK LN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

POWELL, TN 37849

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

6. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

(If 11E Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DEBUSK, AUTRY O.V.
STREET ADDRESS	200 DEBUSK LANE
CITY - ST - ZIP	POWELL TN
TITLE	V
NAME	HEVEY, SUSAN N
STREET ADDRESS	200 DEBUSK LN
CITY - ST - ZIP	POWELL TN
TITLE	S
NAME	HEVEY, SUSAN N
STREET ADDRESS	200 DEBUSK LN
CITY - ST - ZIP	POWELL TN
TITLE	T
NAME	SHARP, JOHN C
STREET ADDRESS	200 DEBUSK LN
CITY - ST - ZIP	POWELL TN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 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:

John C. Sharp
JOHN C. SHARP, TREASURER

APR 24, 1995 615/938-7828