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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **P92000004090 (6)**

1. Corporation Name

TMK PHARMAEUTICALS, INC.

Principal Place of Business	Mailing Address
% THOMAS LEE MCGRAW 1505 W. REYNOLDS STREET. SPACE A PLANT CITY FL 33567	% THOMAS LEE MCGRAW 1505 W. REYNOLDS STREET. SPACE A PLANT CITY FL 33567

2. Principal Place of Business	2a. Mailing Address
21 302 N. ALEXANDER ST	26 302 N. ALEXANDER ST
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 PLANT CITY, FL	City & State 28 PLANT CITY, FL
Zip 24 33566 — Country 25 U.S.A.	Zip 29 33566 — Country 30 U.S.A.

3. Date Incorporated or Qualified: **11/06/1992**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-3191973** ☐ 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

MCGRAW, THOMAS L
1505 W. REYNOLDS STREET
SPACE A
PLANT CITY FL 33567

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MCGRAW, THOMAS L	1.2 NAME	MCGRAW, THOMAS L
STREET ADDRESS	1505 W. REYNOLDS STREET	1.3 STREET ADDRESS	302 N. ALEXANDER ST
CITY-ST-ZIP	PLANT CITY FL 33567	1.4 CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	500001172581 3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/26/96--01106--023
TITLE	☐ DELETE	5.1 TITLE	****200.00 ☐ 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #