

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90142 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028731

1. Corporation Name
BAYCHEM, INC. OF FLORIDA



Principal Place of Business 3715 N FRONTAGE ROAD SUITE 2800 LAKELAND FL 33810 US	Mailing Address 101 E. KENNEDY BLVD. SUITE 2800 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/20/1993	
		4. FEI Number 58-2147966		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MULLIS, HAROLD W JR. 101 EAST KENNEDY BLVD. SUITE 2800- 2700 TAMPA FL 33602		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	STAARTJES, G J	1.2 NAME	HOL, G.W.F.
STREET ADDRESS	3715 N FRONTAGE ROAD	1.3 STREET ADDRESS	3715 N FRONTAGE ROAD
CITY-ST-ZIP	LAKELAND FL 33810	1.4 CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	VP	2.1 TITLE	VP
NAME	HOL, G W F	2.2 NAME	GILBERT, RODGER
STREET ADDRESS	3715 N FRONTAGE ROAD	2.3 STREET ADDRESS	3715 N FROTAGE ROAD
CITY-ST-ZIP	LAKELAND FL 33810	2.4 CITY-ST-ZIP	LAKELAND, FL. 33810
TITLE	S	3.1 TITLE	
NAME	NADIN, M D	3.2 NAME	
STREET ADDRESS	3715 N FRONTAGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: M.D. NADIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

713-880-5470

Date Daytime Phone #

CR2E034 (11/98)

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