

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000040035 (6)**

1. Corporation Name
VORTEX BIOLOGICAL SERVICES, INC.

Principal Place of Business

**399 EL RAY AVE
ST AUGUSTINE FL 32085
US**

Mailing Address

**399 EL RAY AVE
ST AUGUSTINE FL 32085
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2336 Tyrone Rd.	26 2336 Tyrone Rd.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Middleburg Florida		28 Middleburg Florida	
Zip		Zip	
24 32068		29 32068	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

59-3186486

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PASTORE, JOHN F
399 EL RAY AVE
ST AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

81 Name **John F. Pastore**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2336 Tyrone Road**
84 City **Middleburg** FL 85 Zip Code **32068**

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 **John F. Pastore**

4/27/98

Signature, typed or printed name of registered agent and title 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	1.1 TITLE	PTD
NAME	PASTORE, JOHN F	1.2 NAME	John F. Pastore
STREET ADDRESS	399 EL RAY AVE	1.3 STREET ADDRESS	2336 Tyrone Rd.
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	Middleburg FL 32068
TITLE		2.1 TITLE	James D. Miller
NAME		2.2 NAME	601 South 1st Street
STREET ADDRESS		2.3 STREET ADDRESS	Jacksonville Beach, FL 32250
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

John F. Pastore

4/27/98 (904)262-3875

CR2E034 (10/97)