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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000052312 (4)

1. Corporation Name

RESPIRATORY RESOURCES AND TECHNOLOGIES, INC.

Principal Place of Business

550 REO ST., SUITE 300  
TAMPA FL 33609

Mailing Address

550 REO ST., SUITE 300  
TAMPA FL 33609



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CLIFTON, GLENN A  
1025 40TH AVE NE  
ST PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PC

NAME

CLIFTON, GLENN A

STREET ADDRESS

550 REO ST., SUITE 300

CITY-ST-ZIP

TAMPA FL 33609

TITLE

VPD

NAME

COSNER, C. WILLIAM

STREET ADDRESS

7502 MARINER BLVD.

CITY-ST-ZIP

SPRING HILL FL 34609

TITLE

VPD

NAME

SANCHEZ, HUMBERTO

STREET ADDRESS

550 REO ST., SUITE 300

CITY-ST-ZIP

TAMPA FL 33609

TITLE

SD

NAME

BOYD, MARJORIE

STREET ADDRESS

7502 MARINER BLVD.

CITY-ST-ZIP

SPRING HILL FL 34609

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Glenn A. Clifton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

813 287 5181

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