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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061741 (3)**

1. Corporation Name
**DERMQUEST, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4808 A N. MANHATTAN AVENUE<br>#A<br>TAMPA FL 33614 | 4808 A N. MANHATTAN AVENUE<br>#A<br>TAMPA FL 33614 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1993
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21 6428 Hanly Road
22 Suite, Apt. #, etc
23 City & State: Tampa, FL.
24 Zip: 33634 25 County: Hillsborough

2a. Mailing Address
26 P.O. Box 262694
27 Suite, Apt. #, etc
28 City & State: Tampa, FL.
29 Zip: 33685 30 County: Hillsborough

4. FEI Number: 59-3204377 ☐ 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

7. This corporation has liability for intangible tax under G. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

TIPTON, CLYDE C
4808 A N. MANHATTAN AVENUE
#A
TAMPA FL 33614

same agent
new address?

**10. Name and Address of New Registered Agent**

81 Name: Clyde C Tipton
82 Street Address (P.O. Box Number is Not Acceptable): 6428 Hanly Road
83: 33634
84 City: Tampa FL 85 Zip Code: 33634

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
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| 11 TITLE | DP | 11 TITLE | DP | ☒ Change ☐ Addition |
| 12 NAME | TIPTON, CLYDE C | 12 NAME | Tipton, Clyde C | |
| 13 STREET ADDRESS | 4808 A NORTH MANHATTAN AVENUE | 13 STREET ADDRESS | 6428 Hanly Rd | |
| 14 CITY ST ZIP | TAMPA FL 33614 | 14 CITY ST ZIP | Tampa, FL ~~33685~~ 33634 | |
| 21 TITLE | V | 21 TITLE | V | ☒ Change ☐ Addition |
| 22 NAME | GEORGE, PATRICK J | 22 NAME | George, Patrick | |
| 23 STREET ADDRESS | 4808 A NORTH MANHATTAN AVENUE | 23 STREET ADDRESS | 6428 Hanly RD | |
| 24 CITY ST ZIP | TAMPA FL 33614 | 24 CITY ST ZIP | Tampa, FL ~~33685~~ 33634 | |
| 31 TITLE | T | 31 TITLE | TS | ☒ Change ☐ Addition |
| 32 NAME | TIPTON, KATHY L | 32 NAME | Tipton, Kathy L | |
| 33 STREET ADDRESS | 4808 A NORTH MANHATTAN AVENUE | 33 STREET ADDRESS | 6428 Hanly RD | |
| 34 CITY ST ZIP | TAMPA FL 33614 | 34 CITY ST ZIP | Tampa, FL ~~33685~~ 33634 | |
| 41 TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | | |
| 51 TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | | |
| 61 TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | | |
| 64 CITY ST ZIP | | 64 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)(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:** Kathy L Tipton — 4-13-95 — 813-915-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0294796 CP