

**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

DOCUMENT # **P94000037302 (4)**

1. Corporation Name  
**BIOQUIP MFG, INC.**



Principal Place of Business  
**5811 MEMORIAL HWY  
STE 202  
TAMPA FL 33615  
US**

Mailing Address  
**5811 MEMORIAL HWY  
STE 202  
TAMPA FL 33615  
US**

3. Date Incorporated or Qualified **05/13/1994** 3a. Date of Last Report **08/07/1995**  
4. FEI Number **59-3251359** 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

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip Country 28. Name and Address of Current Registered Agent 29. Name 30. Street Address (P.O. Box Number is Not Acceptable) 31. City

9. Name and Address of Current Registered Agent  
**LAMOUREUX, GEORGE J  
5811 MEMORIAL HIGHWAY  
SUITE 202  
TAMPA FL 33615**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	VD
NAME	TRUESDALE, RICHARD S	2. NAME	WAYNE L. KNABEL
STREET ADDRESS	3575 BENNINGTON	3. STREET ADDRESS	630 DELAWARE AVE
CITY - ST - ZIP	FORT MYERS FL 33907	4. CITY - ST - ZIP	AKRON, OH 44303
TITLE	VD	5. TITLE	D
NAME	VERES, FRANK G	6. NAME	WALTER A. BELLER
STREET ADDRESS	4881 MAHONING AVE., N.W.	7. STREET ADDRESS	2200 S. SHORT HILLS DR.
CITY - ST - ZIP	WARREN OH 44483	8. CITY - ST - ZIP	AKRON, OH 44313
TITLE	STD	9. TITLE	D
NAME	OTTO, ELLEN T	10. NAME	EARL M. TOBE
STREET ADDRESS	810 HAMPTON RIDGE DRIVE	11. STREET ADDRESS	2404 BUR OAK NIE
CITY - ST - ZIP	AKRON OH 44313	12. CITY - ST - ZIP	CANTON, OH 44705
TITLE	VD	13. TITLE	D
NAME	FLOYD, RONALD L	14. NAME	RONALD L. FLOYD
STREET ADDRESS	1984 STOCKBRIDGE ROAD	15. STREET ADDRESS	2286 CORNINGTON
CITY - ST - ZIP	AKRON OH 44313	16. CITY - ST - ZIP	AKRON, OH 44313
TITLE	VD	17. TITLE	
NAME	MILLER, RUBEN B	18. NAME	
STREET ADDRESS	2389 LAUREL VALLEY DRIVE	19. STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44313	20. CITY - ST - ZIP	
TITLE	DV	21. TITLE	
NAME	KREMER, RICHARD M	22. NAME	
STREET ADDRESS	2514 YELLOW CREEK RD	23. STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	24. CITY - ST - ZIP	

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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 the statement with an address.

SIGNATURE: *Richard S. Truesdale, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 (330) 922-4931  
Date Date-time Phone #

CR2E034 (12/95)