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FILED
May 27 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 # P94000037302 (4)

1. Corporation Name
BIOQUIP MFG, INC.



Principal Place of Business

3575 BENNINGTON
#21
FT. MYERS FL 33907
US

Mailing Address

3575 BENNINGTON
#21
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/13/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRUESDALE, RICHARD S
3573 BENNINGTON
#21
FT. MYERS FL 33907

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TRUESDALE, RICHARD S
STREET ADDRESS 3575 BENNINGTON
CITY-ST-ZIP FORT MYERS FL 33907

TITLE VD ☐ DELETE

NAME VERES, FRANK G
STREET ADDRESS 4681 MAHONING AVE., N.W.
CITY-ST-ZIP WARREN OH 44483

TITLE STD ☐ DELETE

NAME OTTO, ELLEN T
STREET ADDRESS 810 HAMPTON RIDGE DRIVE
CITY-ST-ZIP AKRON OH 44313

TITLE D ☐ DELETE

NAME FLOYD, RONALD L
STREET ADDRESS 212 SASSAFRAS CT
CITY-ST-ZIP AKIEN SC

TITLE VD ☐ DELETE

NAME MILLER, RUBEN B
STREET ADDRESS 2369 LAUREL VALLEY DRIVE
CITY-ST-ZIP AKRON OH 44313

TITLE VD ☐ DELETE

NAME KNABEL, WAYNE L
STREET ADDRESS 630 DELEWARE AVENUE
CITY-ST-ZIP AKRON OH 44303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 *Richard S. Truesdale*

5/1/98

CR2E034 (10/97)