

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90007 049 \*\*\*158.75

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DOCUMENT # P94000037302

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

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
TRUESDALE, RICHARD S  
3575 BENNINGTON  
FORT MYERS FL 33907

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

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
VERES, FRANK G  
4681 MAHONING AVE., N.W.  
WARREN OH 44483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
OTTO, ELLEN T  
810 HAMPTON RIDGE DRIVE  
AKRON OH 44313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
FLOYD, RONALD L  
212 SASSAFRAS CT  
AKIEN SC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
MILLER, RUBEN B  
2369 LAUREL VALLEY DRIVE  
AKRON OH 44313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
KNABEL, WAYNE L  
630 DELEWARE AVENUE  
AKRON OH 44303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

727-980-0953

Daytime Phone #

CR2E034 (1/98)