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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #4P9400037302					\		
1. Corporation Name BIOQUIP MFG, INC.					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
BIOGUIP	Mrg, INC.				1 3 B B 14 B B 14 B 16 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	35166 11381 1 7166 11381 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	, ,						
Principal Place of Business Mailing Address					T i Baltia at 1:0 tatit at atit antit antit antit	ERIES IIIII IANGA IISII B	8(18 1131 1881
3575 BENNINGTON 3575 BENNINGTON							
#21	20007 =	#21 ===FT;=MYERS-FL-33907			DO NOT WRITE IN	THIS SPACE	
FT. MYERS-FL*: US	3390/	US			3. Date incorporated or Qualifed		
	•				05/13/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26					59-3251359	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	II.
22 27						Fee Red	<u>`</u> —
City & State City & State					6. Election Campaign Financing	\$5.00 t	
Zip Country Zip			Country		Trust Fund Contribution	Added to	rees
Zip	Country	⊢	_ `		 This corporation owes the current ye Personal Property Tax. 		□No
24	9. Name and Address of Current		<u>-</u>		10. Name and Address of New Regist		===
	sk march, et a fin		81	Name			
TRUESDALE, RICHARD'S'							
3573 BENNINGTON				Street Add	fress (P.O. Box Number is Not Acceptable)		
· #21							
FT. I	MYERS FL 33907		24	City		85 Zip C	ode -
			84	-		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ne office or registered agent, or both, in the State of Florida. Such change was authorized by the					poration submits this statement for the purpo	se of changing its r	registered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	nonzed by a Statutes	ine corporat	lon's board of directors. Thereby accept the	appointment as reg	istered
SIGNATURE	•						
	Signature, typed or printed name of registered agent			nt signature requir	ADDITIONS/CHANGES TO OFFICER		DS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE NAME	PD Truesdale, Richard S	L) Delete	1.2 NAME			C c.i.e.ig.	
'**."_	3575 BENNINGTON		1.3 STREET ADDRESS				(
STREET ADDRESS	FORT MYERS FL 33907		1.4 CITY-ST-ZIP		•		
CITY-ST-ZIP	VD	X DELETE	2.1 TITLE	1-217		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	400 400 00000 0000 0000		2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ì			\
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	OTTO, ELLEN T		3.2 NAME	-			{
STREET ADDRESS	ALA LIAMBTON DIDOR DONE		3.3 STREET	TADDRESS			ĺ
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		-	
TITLE	D	☐ DELETE	4.1 TITLE	-	· · ·	☐ Change	☐ Addition
NAME	FLOYD, RONALD L		4. 2 NAME		مه هن المحيدينية		
STREET ADDRESS			4.3 STREET	TADDRESS	•		
CITY-ST-ZIP	AKIEN SC	——————————————————————————————————————	4.4 CITY-S	T- ZIP			T Addistor
TITLE	VD	☐ DELETE	5.1 TITLE			☐ Change	. Addition
NAME	WILLEN, HODEN D		5.2 NAME	Y 40000000			
STREET ADDRESS	11/201/01/01/01			T ADDRESS	en e		
CITY-ST-ZIP	51-21		5.4 CITY-S	1-ZIP		☐ Change	Addition
TITLE	VD	□ DELETE 「アニップが行		ļ			☐ ∠ 00011013 [
NAME .	KNABEL, WAYNE'L	Fart in the	6.2 NAME	- 1			f

AKRON OH 44303 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 a state them that my name appears in the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 630 DELEWARE AVENUE