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 19 AM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072929 (0)**

1. Corporate Name

PERRIGO TECHNOLOGY, INC.

Principal Place of Business

518 INGLESIDE AVENUE
TALLAHASSEE FL 32303

Mailing Address

518 INGLESIDE AVENUE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1994**

3a. Date of Last Report:

21 2. Principal Place of Business

22 Suite, Apt. #, etc.: 813 Ingleside Ave

23 City & State: Tallahassee FL

24 Zip: 32303 25 County:

26 2a. Mailing Address

27 Suite, Apt. #, etc.: 813 Ingleside Ave

28 City & State: Tallahassee FL

29 Zip: 32303 30 County:

4. FEI Number: 59-3273364 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TALKINGTON, JULIANN P
66 RUE CARIBE
DESTIN FL 32541

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 (For New Registered Agent) (Typed or Printed Name of New Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
91 Title	D	91 Title	D ☑ Change ☐ Addition
92 Name	TALKINGTON, JULIANN P	92 Name	Talkington, Juliann P.
93 Street Address	518 INGLESIDE AVENUE	93 Street Address	813 Ingleside Ave.
94 City-St-Zip	TALLAHASSEE FL 32303	94 City-St-Zip	Tallahassee, FL 32303
91 Title	D	91 Title	☐ Change ☐ Addition
92 Name	PERRIGO, LYLE D	92 Name	
93 Street Address	1921 CONGRESS CIRCLE, #B	93 Street Address	
94 City-St-Zip	ANCHORAGE AK 99507	94 City-St-Zip	
91 Title	D	91 Title	☐ Change ☐ Addition
92 Name	PERRIGO, DALENE T	92 Name	
93 Street Address	1921 CONGRESS CIRCLE, #B	93 Street Address	
94 City-St-Zip	ANCHORAGE AK 99507	94 City-St-Zip	
91 Title		91 Title	☐ Change ☐ Addition
92 Name		92 Name	
93 Street Address		93 Street Address	
94 City-St-Zip		94 City-St-Zip	
91 Title		91 Title	☐ Change ☐ Addition
92 Name		92 Name	
93 Street Address		93 Street Address	
94 City-St-Zip		94 City-St-Zip	
91 Title		91 Title	☐ Change ☐ Addition
92 Name		92 Name	
93 Street Address		93 Street Address	
94 City-St-Zip		94 City-St-Zip	

14. I declare that I have examined the information supplied with this filing, and that to the best of my knowledge, the information is true and accurate. I further declare 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 above, or on an attachment with an entity name.

SIGNATURE: Juliann P. Talkington Juliann P. Talkington 1/16/95 904 222 4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0026836 CP