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 JUN 13 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088778 (3)

1. Corporation Name
BIOBIRD, INC.

200001513372
-06/15/95--01018--035
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1713 MAHAN DRIVE TALLAHASSEE FL 32308	P.O. BOX 37247 TALLAHASSEE FL 32315

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3307848 ☐ 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

9. Name and Address of Current Registered Agent

GARDNER, CHARLES R
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P/D/C ☐ Change ☒ Addition
NAME		12 NAME	Deborah A. Hellings
STREET ADDRESS		13 STREET ADDRESS	~~P. O. Box 37247~~ 1483 Crestview Ave
CITY-ST-ZIP		14 CITY ST ZIP	Tallahassee, FL 32303
TITLE		21 TITLE	VP/D ☐ Change ☒ Addition
NAME		22 NAME	Jeffrey W. Crooms
STREET ADDRESS		23 STREET ADDRESS	1405 Centerville Rd., Suite 4400
CITY-ST-ZIP		24 CITY ST ZIP	Tallahassee, FL 32308
TITLE		31 TITLE	S/D ☐ Change ☒ Addition
NAME		32 NAME	Willian E. Potts, Jr.
STREET ADDRESS		33 STREET ADDRESS	4090 Duffy Court
CITY-ST-ZIP		34 CITY ST ZIP	Tallahassee, FL 32308
TITLE		41 TITLE	T/D ☐ Change ☒ Addition
NAME		42 NAME	Willian G. Donnellan, Jr.
STREET ADDRESS		43 STREET ADDRESS	1249 Penny Lane
CITY ST ZIP		44 CITY ST ZIP	Tallahassee, FL 32312
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Valeria A. Lazzell
STREET ADDRESS		53 STREET ADDRESS	3944 Bobbin Brook Circle
CITY ST ZIP		54 CITY ST ZIP	Tallahassee, FL 32312
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Deborah A Hellings May 17, 1995 (904) 657-4119
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

RW

040006 FP