

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


FILED

Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90031 031 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **P94000088778**

1. Corporation Name
BIOBIRD, INC.

Principal Place of Business
**1713 MAHAN DRIVE
TALLAHASSEE FL 32303**

Mailing Address
**P.O. BOX 37247
TALLAHASSEE FL 32315**

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

3. Date Incorporated or Qualified 12/07/1994	
4. FEI Number 59-3307848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GARDNER, CHARLES R 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312	

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	HELLINGS, DEBORAH A
STREET ADDRESS	1483 CRESTVIEW AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CROOMS, JEFFREY W
STREET ADDRESS	1405 CENTERVILLE RD. STE. 4400
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	SD <input type="checkbox"/> DELETE
NAME	POTTS, WILLIAM E JR.
STREET ADDRESS	4090 DUFFY COURT
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	TD <input type="checkbox"/> DELETE
NAME	DONNELLAN, WILLIAM G JR
STREET ADDRESS	1249 PENNY LANE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	D <input type="checkbox"/> DELETE
NAME	LAZZEL, VALERIE A
STREET ADDRESS	3944 BOBBIN BROOK CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)