FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091039 (5)

1. Corporate Name

STERILIZATION SCIENCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4051 14TH ST NE ST PETERSBURG FL 33703	4051 14TH ST NE ST PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994	3a. Date of Last Report:
4. FEI Number: 59-3280101	☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATTERSON, LAWRENCE D 4051 14TH ST NE ST PETERSBURG FL 33703	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: PATTERSON, LAWRENCE D STREET ADDRESS: 4051 14TH ST NE CITY-ST-ZIP: ST PETERSBURG FL 33703	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. [illegible]

SIGNATURE: [signature] / LAWRENCE D. PATTERSON 4/25/95 813-528-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0306214 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED FILED

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091200 (3)

1. Corporate Name

SPINDRIFT INDUSTRIES, INC.

Principal Place of Business	Mailing Address
4973 S.E. GROUPER AVE. STUART FL 34992	4973 S.E. GROUPER AVE. STUART FL 34992

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:

4. FEI Number: 65-0566855 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. — $5.00 May Be Added to Fees

8. Florida Statutes: Yes / No X

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MULLALLY, REGIS K
4973 S.E. GROUPER AVE.
STUART FL 34992

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLALLY, REGIS K
STREET ADDRESS	4973 S.E. GROUPER AVE.
CITY-ST-ZIP	STUART FL 34992
TITLE	D
NAME	MULLALLY, JOSEPH C
STREET ADDRESS	19220 GULFSTREAM DR.
CITY-ST-ZIP	JUPITER FL 33469-2048
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. (Change / Addition boxes, entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank)

14. I hereby certify that the information supplied with this filing ... 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: Joseph C Mullally II — 04/30/95 — (407) 746-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPH C. MULLALLY II

0003478 FP