

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cesar E. Pardo, Secretary
Tallahassee, Florida 32399-0001
(904) 498-0001

APPROVED
AND
FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091039 (5)

STERILIZATION SCIENCE ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Transfer	3a. Date of Last Report
12/16/1994	
4. FEI Number	Applied For Not Applicable
59-328010	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Fringe Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for intangible tax under S. 194 (32) Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
4051 14TH ST NE ST PETERSBURG FL 33703	4051 14TH ST NE ST PETERSBURG FL 33703
21. State Agent	26. State Agent
22. State Agent	27. State Agent
23. State Agent	28. State Agent
24. State Agent	29. State Agent
25. State Agent	30. State Agent

9. Name and Address of Current Registered Agent
PATTERSON, LAWRENCE D 4051 14TH ST NE ST PETERSBURG FL 33703

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. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida.

12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida.

12. OFFICERS, DIRECTORS, AND KEY PERSONNEL	13. ADDITIONAL INFORMATION TO QUALIFY APPLICANT FOR REGISTRATION
1. NAME PATTERSON, LAWRENCE D 4051 14TH ST NE ST PETERSBURG FL 33703	1. NAME ☐ Change ☐ Addition
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99. NAME	99. NAME
100. NAME	100. NAME

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida, and that the corporation is duly qualified to do business in the State of Florida.

SIGNATURE: *Lawrence D. Patterson* LAWRENCE D. PATTERSON 4/25/95 815-528-1025
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER HANCOCK
Treasurer, 1995-1997
1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
FILED

DOCUMENT # P94000091200 (3)

SPINDRIFT INDUSTRIES, INC.

Principal Place of Business
**4973 S.E. GROUPEL AVE.
STUART FL 34992**

Mailing Address
**4973 S.E. GROUPEL AVE.
STUART FL 34992**

04/30/95 5:40

SPINDRIFT INDUSTRIES, INC.
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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. Has not completed Florida Biennial Report ☐	\$5.00 May Be Added to Fees
8. Has corporation ever liquidated, been dissolved, or merged? (See Section 607.01, Florida Statutes) ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(4), 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 607.01, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or person authorized to sign on behalf of Registered Agent)

(Signature of Registered Agent or person authorized to sign on behalf of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
12.1 NAME D MULLALLY, REGIS K	13.1 NAME	☐ Change	☐ Addition
12.2 STREET ADDRESS 4973 S.E. GROUPEL AVE.	13.2 STREET ADDRESS		
12.3 CITY, ST, ZIP STUART FL 34992	13.3 CITY, ST, ZIP		
12.4 NAME D MULLALLY, JOSEPH C	13.4 NAME	☐ Change	☐ Addition
12.5 STREET ADDRESS 19220 GULFSTREAM DR.	13.5 STREET ADDRESS		
12.6 CITY, ST, ZIP JUPITER FL 33469-2040	13.6 CITY, ST, ZIP		
12.7 NAME	13.7 NAME	☐ Change	☐ Addition
12.8 STREET ADDRESS	13.8 STREET ADDRESS		
12.9 CITY, ST, ZIP	13.9 CITY, ST, ZIP		
12.10 NAME	13.10 NAME	☐ Change	☐ Addition
12.11 STREET ADDRESS	13.11 STREET ADDRESS		
12.12 CITY, ST, ZIP	13.12 CITY, ST, ZIP		
12.13 NAME	13.13 NAME	☐ Change	☐ Addition
12.14 STREET ADDRESS	13.14 STREET ADDRESS		
12.15 CITY, ST, ZIP	13.15 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally, for the corporation stated in Sections 607.01(2) and 607.01(4), Florida Statutes. I further certify that the information included 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 and changed, or as an attachment with an address.

SIGNATURE

Joseph C. Mullally II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR
JOSEPH C. MULLALLY II

04/30/95 (407) 746-7721