

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000019482 (5)

1. Corporation Name

BIO-INNOVATION TECHNOLOGIES, INC.

Principal Place of Business

112 MICHELLE CT.  
PANAMA CITY FL 32407

Mailing Address

P.O. BOX 32057  
PANAMA CITY FL 32407-8057



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3322140		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON, ROGER L JR. 112 MICHELLE CT. PANAMA CITY FL 32407				81	Name <u>Roger Lee Thompson, Jr.</u>		
				82	Street Address (P.O. Box Number is Not Acceptable) <u>112 Michelle Ct</u>		
				83	<u>Panama City, FL 32407</u>		
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

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

(If only Registered Agent Signature required when not starting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Roger Lee Thompson Jr.
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	112 Michelle Ct Panama City, FL 32407
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Vice - President
STREET ADDRESS		2.3 STREET ADDRESS	Melanie Elaine Thompson
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	112 Michelle Ct. Panama City, FL 32407
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Roger Lee Thompson, Jr.
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	112 Michelle Ct Panama City, FL 32407
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer
STREET ADDRESS		4.3 STREET ADDRESS	Roger Lee Thompson, Jr.
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	112 Michelle Ct. Panama City, FL 32407
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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:

*Roger Lee Thompson*

Roger Lee Thompson (President) 4/20/96 (904) 234-4359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)