

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000023371 (4)**

1. Corporation Name:

SYMED, INC.



Principal Place of Business

**2025 N.W. 24TH STREET
GAINESVILLE FL 32605**

Mailing Address

**2025 N.W. 24TH STREET
GAINESVILLE FL 32605**

2. Principal Place of Business

21 901 N.W. 8th Avenue

22 Suite B-1

23 Gainesville, FL

24 32601 25 USA

2a. Mailing Address

26 901 N.W. 8th Avenue

27 Suite B-1

28 Gainesville, FL

29 32601 30 USA

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

4. FEI Number

59-3325365

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

**GRAMS, RALPH R
2025 N.W. 24TH STREET
GAINESVILLE FL 32605**

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 607.1503, 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 required for the corporation's registered agent and the taxpayer.

Signature of the person applying for the change of the registered office or agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GRAMS, RALPH R**
STREET ADDRESS **2025 N.W. 24TH STREET**
CITY-STATE-ZIP **GAINESVILLE FL 32605**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/V/S** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE **D/P/T** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE **D/C** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 it made under oath, that I am an officer or director of the corporation or its 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 on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernest Moyer, President

5/23/94

(352) 392-4571

CR2E034 (12/95)