

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062016 (7)
1. Corporation Name

CUSTOM BIOLOGICAL OF OCALA INC.



Principal Place of Business
4861 SE 31 TERRACE
OCALA FL 34480

Mailing Address
4861 SE 31 TERRACE
OCALA FL 34480

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		08/10/1995	N/A
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		64-3432043	Not Applicable
24 Country		29 Country		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		10. Name and Address of New Registered Agent	
MEYER, GEORGE 4861 SE 31 TERRACE OCALA FL 34480		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		(NOTE: Registered Agent signature required when re-instating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		11 TITLE			
NAME		12 NAME			
STREET ADDRESS		13 STREET ADDRESS			
CITY-ST-ZIP		14 CITY-ST-ZIP			
TITLE		21 TITLE			
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP		24 CITY-ST-ZIP			
TITLE		31 TITLE			
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE		41 TITLE			
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE		51 TITLE			
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE		61 TITLE			
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE MEYER STD

4/21/96 (82) 620-0670

Original Filing #