

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000082793 (7)**

1. Corporation Name

MEDI-PRODUCTS, INC.



Principal Place of Business

**3217 HEARTHSTONE CT.
HOLIDAY FL 34691**

Mailing Address

**3217 HEARTHSTONE CT.
HOLIDAY FL 34691**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/26/1995

3a. Date of Last Report

4. FEI Number

59-3342186

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. 190.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**JOHNSON, PATRICIA C
3217 HEARTHSTONE CT.
HOLIDAY FL 34691**

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Date Registered Agent Signature Required by the Resulting

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
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CITY, ST, ZIP
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NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
JOHNSON, LARRIE L
3217 HEARTHSTONE CT.
HOLIDAY FL 34691
D
JOHNSON, PATRICIA C
3217 HEARTHSTONE CT.
HOLIDAY FL 34691**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Patricia C Johnson **PATRICIA C JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

**(813)
938-6408**

CR2E034 (12/95)