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 # **P95000084879 (2)**

1. Corporation Name

BAXTER TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5553 WEST WATERS AVE., SUITE 316 TAMPA FL 33634	5553 WEST WATERS AVE. SUITE 316 TAMPA FL 33634

3. Date Incorporated or Qualified: 11/02/1995
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	930 Heron Court	26	930 Heron Court
22	Suite, Apt #, etc	27	Suite, Apt #, etc.
23	City & State: Marco Island, FL.	28	City & State: MARCO Island, FL.
24	Zip: 34145	29	Zip: 34145
25	Country: U.S.A	30	Country: U.S.A.

*4. FEI Number: 65-0658750 ☐ 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

FISHER, ARTHUR W III
5553 WEST WATERS AVE., SUITE 316
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: John F. Baxter, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 930 HERON COURT
83
84 City: Marco Island, FL 85 Zip Code: 34145

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.

X SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DTP	☒ Change ☐ Addition
NAME	FISHER, ARTHUR W III		1.2 NAME	BAXTER, John F., Jr.	
STREET ADDRESS	5553 WEST WATERS AVE., SUITE 316		1.3 STREET ADDRESS	930 Heron court	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME			2.2 NAME	John F. Baxter, Jr	
STREET ADDRESS			2.3 STREET ADDRESS	930 Heron Court	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Marco ISLAND, FL. 34145	
TITLE		☐ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME			3.2 NAME	LUISE ROMANO	
STREET ADDRESS			3.3 STREET ADDRESS	930 Heron Court	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Marco ISLAND, FL. 34145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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.

X **SIGNATURE:** [signature] 7-23-96 1(941)394-5674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN F. BAXTER, JR.