## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9600099093 (2)

CHARLES F. DUDLEY, P.A.

appears in Block 12 or Biocin13

SIGNATURE:

Principal Place of Business Mailing Address 215 SOUTH MONROE STREET POST OFFICE BOX 10885 SUITE 420-A TALLAHASSEE FL 32302-2685 TALLAHASSE FL 32301 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Ζip Country Zφ Country 8. This corporation has fiability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** DUDLEY, CHARLES F 215 SOUTH MONROE STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 420-A TALLAHASSE FL 32301 83 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition TOTAL 11 TITLE DUDLEY, CHARLES F NAME 1.2 NAME POST OFFICE BOX 10685 N/A STREET ADORESS 1.3 STREET ADDRESS TALLAHASSE FL 32302 CUY-SI-ZIE 1.4 City - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIF 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE THILF Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition THILE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

W. Charles F. Dudley