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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070233

1. Corporation Name

BIO TECH DISTRIBUTION, INC.

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90012 027 ***550.00



Principal Place o	f Business	Mailing Address			119911491114		
994 BLANDING BL	VD., BLDG.118	994 BLANDING BLVD., BLDG.1	18				
ORANGE PARK FL 32065 ORANGE PARK FL 32065					DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	IN THIS SPACE	
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	(0)	B Mailing Address			08/12/1998 4. FEI Number	Applied For	
2. Principal Place of Business		2a. Mailing Address			59-310-608		
Stiffs And # offs		Suite, Apt. #, etc.			3 1- 310-606	\$8.75 Additional	
Suite, Apt. #, etc.		<u>⊢</u> ¬			5. Certifcate of Status Desired	Fee Required	
		City & State			a Flatia Campaign Financia	\$5.00 May Be	
City & State		28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		This corporation owes the current		
	25	29 30	٦ .		Personal Property Tax.	year intaligrate ☐ Yes No	
24	9. Name and Address of Current		<u>'i</u>		10. Name and Address of New Reg		
<u></u>	5. Name and Address of Carrent	(Neglatorou / Ngarit	81	Name	C , T MAG		
MCGARVA, DAVID J					Jandra J. M.Co	r vol	
994 BLANDING BLVD., BLDG.118			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	RING BLASIE	
ORANGE PARK FL 32065			83		dold Blowging	0.00.00	
014444			"				
			84	City	Orange Park	FL 85 Zip Code 公	
A4. Discuss to the experience of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation s					progration submits this statement for the pu	pose 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, typed or printed rapher of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
	President (20	DELETE	1,1 TITLE		Procident CED	Change Addition	
NAME ~	David J. McGarva	F	1.2 NAME		Sandra J. McGarva 994 Blanding Blud. BL	1	
STREET ADDRESS	994 Blanding Blod	RHG118	1.3 STREE	TADDRESS	ddy Blaugiud Blog. Rin	30,000	
CITY-ST-ZIP	Orange Park fly	30865	1.4 CITY-5		Orange Park, Florida	32065	
TITLE	Clarke dire 12	☐ DELETE	2.1 TITLE		orange idires	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
1			2.4 CITY-	l			
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-21		Change Addition	
			3.2 NAME			_	
NAME				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		☐ Change ☐ Addition	
TITLE		- DELETE					
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME)		Demile Demonstr	
NAME							
STREET ADDRESS			■ 5.3 STREE	TADDRESS			
CITY-ST-ZIP	<u> </u>	para	5.4 CITY-5	ST-ZIP		Chares C Addis-	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-3 6.1 TITLE			☐ Change ☐ Addition	
· · · · · · · · · · · · · · · · · · ·		☐ DELETE	5.4 CITY-5 6.1 TITLE 6.2 NAME			☐ Change ☐ Addition	
TITLE		☐ DELETE	5.4 CITY-5 6.1 TITLE 6.2 NAME			☐ Change ☐ Addition	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OF THE STATE OF SIGNING OF THE SIGN