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MP
ANNUAL REPORT
1997



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

DOCUMENT # S84797

(7) N/C 4/8/97

1. Corporation Name

~~MADE INDUSTRIES, INC.~~ **DEKA MEDICAL, INC.**

NAME CHANGED 1/31/97

Principal Place of Business

**11243-1 ST. JOHNS INDUSTRIAL PKWY SOUTH
 JACKSONVILLE FL 32246
 US**

Mailing Address

**11243-1 ST. JOHNS INDUSTRIAL PKWY S.
 JACKSONVILLE FL 32246-7046
 US**

FILED

97 APR 30 PM 1:21

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **P. O. BOX 2426**

27 Suite, Apt. #, etc.

28 City & State

COLUMBUS MS

29 Zip

39704-2426

Country

30 **USA**

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

03/11/1996

4. FEI Number

59-3088606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Election Campaign Financing

☐

**\$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

**AKEL, EDWARD C.
 2301 INDEPENDENT SQUARE
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **NRAI Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

83

84 City **Tallahassee**

FL

85 Zip Code
32301

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

NRAI Services, Inc.
Charles A. Coyle

Charles A. Coyle-Asst. Secy.

4-29-97

(Signature: typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | AULL, JEFFREY L. | |
| STREET ADDRESS | 11221-5 ST JOHNS INDUSTRIAL | |
| CITY-STATE-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KNAPIK, JOHN R. | |
| STREET ADDRESS | 11221-5 ST JOHNS INDUSTRIAL | |
| CITY-STATE-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | PRESIDENT & DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | KIM VOUGHT | |
| 1.3 STREET ADDRESS | 605 B 17TH STREET SOUTH | |
| 1.4 CITY-STATE-ZIP | COLUMBUS MS 39701 | |
| 2.1 TITLE | V. PRESIDENT & DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | TICO CAPOTO | |
| 2.3 STREET ADDRESS | 605 B 17TH STREET SOUTH | |
| 2.4 CITY-STATE-ZIP | COLUMBUS MS 39701 | |
| 3.1 TITLE | TREASURER & DIRECTOR - VP/CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DUDLEY BELL | |
| 3.3 STREET ADDRESS | 605 B 17TH STREET SOUTH | |
| 3.4 CITY-STATE-ZIP | COLUMBUS MS 39701 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-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 appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Dudley Bell, VP/CFO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

Daytime Phone #

0038487

CR2E034 (9/96)

Bk dep 5/65