

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000358 (2)**

1. Corporation Name

**EPL BIO-ANALYTICAL SERVICES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
6535 COOK ROAD PO BOX 771084  
CLERMONT FL 34711 WINTER GARDEN FL 34777-1084  
US

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/14/1993</b>  | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>37-1209690</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees                  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent  
**PHILLIPS, RICHARD L**  
6535 COOK RD  
CLERMONT FL 34711

10. Name and Address of New Registered Agent  
81 Name **Douglas D. Shanbarker**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6535 Cook Road**  
83  
84 City **clermont** FL 85 Zip Code **34711**

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 *DOUG SHANBARKER* **DOUG SHANBARKER** 4/18/95  
Signature (hand or printed name of registered agent and also if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PC                    |
| NAME            | WOOLSON, EDWIN A      |
| STREET ADDRESS  | 2275 VALLEYVIEW PLACE |
| CITY - ST - ZIP | DECATUR IL 62522      |
| TITLE           | VCVP                  |
| NAME            | BECKER, STEPHEN V     |
| STREET ADDRESS  | 3640 KAREN COURT      |
| CITY - ST - ZIP | DECATUR IL 62526      |
| TITLE           | D                     |
| NAME            | FERRELL, JOHN F       |
| STREET ADDRESS  | 1410 MONTAGUE DRIVE   |
| CITY - ST - ZIP | VIENNA VA 22180       |
| TITLE           | STD                   |
| NAME            | KEYSER, JAY B         |
| STREET ADDRESS  | 2004 MEADOWOOD LANE   |
| CITY - ST - ZIP | MARSHALL VA 22115     |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | D (Director Only, delete other titles) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edwin A Woolson* Edwin A. Woolson 4/21/95 (217)963-2143  
Signature (hand or printed name of signing officer or director) Date