

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra P. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000358 (2)**

1. Corporation Name  
**EPL BIO-ANALYTICAL SERVICES, INC.**



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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/14/1993**  
3a. Date of Last Report: **04/28/1995**  
4. FEIN number: **37-1209690**  
5. Certificate of Status Desired:   
6. Election Campaign Financing:   
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SHANBARKER, DOUGLAS D  
6535 COOK RD  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent  
81. Name: **Woodward, Christopher L.**  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.090 and 607.1028, 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 607.090, Florida Statutes.

SIGNATURE: *Christopher L. Woodward* 2/15/96

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WOOLSON, EDWIN A	
STREET ADDRESS	2275 VALLEYVIEW PLACE	
CITY-ST-ZIP	DECATUR IL 62522	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, STEPHEN V	
STREET ADDRESS	3640 KAREN COURT	
CITY-ST-ZIP	DECATUR IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRELL, JOHN F	
STREET ADDRESS	1410 MONTAGUE DRIVE	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KEYSER, JAY B	
STREET ADDRESS	2004 MEADOWOOD LANE	
CITY-ST-ZIP	MARSHALL VA 22115	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied by this filing is a true and correct copy for the record, in strict compliance with Section 119.043(9)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplementary 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 holder of a trust or powers of attorney; that this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE: *Edwin A. Woolson* Edwin A. Woolson 3/12/96 (217)963-2413

CR2E034 (12/95)