

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED

**Sep 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000197 (1)
1. Corporation Name
MEDTOX LABORATORIES, INC.



Principal Place of Business 1238 ANTHONY ROAD BURLINGTON NC 27215	Mailing Address 1238 ANTHONY ROAD BURLINGTON NC 27215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 402 W. County Road D Suite, Apt. #, etc.	2a. Mailing Address 26 402 West County Road D Suite, Apt. #, etc.
22	27
23 City & State St. Paul, MN	28 City & State St. Paul, MN
24 Zip 55112	25 Country USA
29 Zip 55112	30 Country USA

3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
4. FEI Number 52-1130579	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO <input checked="" type="checkbox"/> DELETE
NAME	SKINNER, JAMES D
STREET ADDRESS	1238 ANTHONY ROAD
CITY-ST-ZIP	BURLINGTON NC 27215
TITLE	V <input type="checkbox"/> DELETE
NAME	HEATH, PETER J
STREET ADDRESS	1238 ANTHONY ROAD
CITY-ST-ZIP	BURLINGTON NC 27215
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POWELL, SAMUEL C PHD
STREET ADDRESS	1238 ANTHONY ROAD
CITY-ST-ZIP	BURLINGTON NC 27215
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BECKMAN, ROBERT J
STREET ADDRESS	47 BROOK FARM ROAD
CITY-ST-ZIP	BEDFORD NY 10506
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, GENE E
STREET ADDRESS	25 SPARTINA CRESCENT, SEA PINES PLANTATION
CITY-ST-ZIP	HILTON HEAD SC 29928
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McCoy, Harry G.
1.3 STREET ADDRESS	402 W. County Road D
1.4 CITY-ST-ZIP	St. Paul, MN 55112
2.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
4.2 NAME	CEO
4.3 STREET ADDRESS	Braun, Richard J.
4.4 CITY-ST-ZIP	402 W. County Road D
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	St. Paul, Mn 55112
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 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.

SIGNATURE:  **Peter J. Heath, VP Finance & CFO (612) 628-6110**

CR2E034 (4/97)