

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G57053 (2)			
1. Corporation Name RETIREMENT LABS, INC.			
Principal Place of Business 1424 E LIE ST PENSACOLA FL 32503 US		Mailing Address P O BOX 275 MOLINO FL 32577 US	
2. Principal Place of Business 21 1424 E. LIE ST.		2a. Mailing Address 26	
22 Suite, Apt #, etc		27 Suite, Apt #, etc	
23 City & State		28 MOLINO, FL.	
24 Zip		29 Zip	
25 Country		30 Country	
3. Date Incorporated or Qualified 08/22/1983			
3a. Date of Last Report 08/07/1995			
4. FEI Number 59-2336506			
Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution ☐ \$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 BARRINEAU, THOMAS L. III 300 RAWHIDE LANE MOLINO FL 32577			
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			
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			
Signature typed in print name of officer, director, agent and date (applicable) (NOTE: Registered Agent's signature required when replacing agent)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 7/31/94 904-587-5635			
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/96)