

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 3:21

DOCUMENT # **S84278** (8)

1. Corporation Name

GULF COAST REFERENCE LABORATORIES, INC.

Principal Place of Business

**5303 LOCUST PLACE
NEW PORT RICHEY FL 34652**

Mailing Address

**5303 LOCUST PLACE
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1991

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3088911

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANE, LESTER E.
5303 LOCUST PLACE
NEW PORT RICHEY FL 34652**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 must be printed name of registered agent and filed as electronic)

(NOTE: Registered Agent Signature required when converting)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PTD	LANE, LESTER E.	5303 LOCUST PLACE	NEW PORT RICHEY FL

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
11	12	13	14	☐	☐
21	22	23	24	☐	☐
31	32	33	34	☐	☐
41	42	43	44	☐	☐
51	52	53	54	☐	☐
61	62	63	64	☐	☐

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 110.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Lester E. Lane* PRESIDENT 3/21/95
DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LESTER E. LANE