

558
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90010 042 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000012457

1. Corporation Name

ELAB, INC.

Principal Place of Business
P.O. BOX 468
8 EAST TOWER CIRCLE
ORMOND BEACH FL 32175-0468

Mailing Address
P.O. BOX 468
8 EAST TOWER CIRCLE
ORMOND BEACH FL 32175-0468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

4. FEI Number

59-3169201

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 owes the current year Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CULBRETH, S.C. JR
P.O. BOX 468
8 EAST TOWER CIRCLE
ORMOND BEACH FL 32175-0468

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ASHBY, HENRY N
STREET ADDRESS 8 EAST TOWER CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32175-0468

TITLE V ☒ DELETE

NAME HUANG, FRANCIS Y
STREET ADDRESS 8 EAST TOWER CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32175-0468

TITLE V ☐ DELETE

NAME CHAFFMAN, DAVID M
STREET ADDRESS 8 EAST TOWER CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32175-0468

TITLE ST ☐ DELETE

NAME MCLENDON, SHEILA
STREET ADDRESS 8 EAST TOWER CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32175-0468

TITLE D ☐ DELETE

NAME CULBRETH, S.C. JR.
STREET ADDRESS P.O. BOX 468, 8 EAST TOWER CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32175-0468

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/1/99

904672-5668

CR2E034 (5/99)