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 -8 PM 3:49

DOCUMENT # **141260** **(0)**

1. Corporation Name
LAMPKIN LABORATORIES, INC.

Principal Place of Business	Mailing Address
715 60TH ST COURT E P O BOX 9547 BRADENTON FL 34206-6547	715 60TH ST COURT E P O BOX 9547 BRADENTON FL 34206-6547

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1942
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-0572810 ☐ 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

SHAPOE, FRED
6501 17TH AVE W (W 318)
BRADENTON FL 34209

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROESEL, JOHN F., JR.	1.2 NAME	
STREET ADDRESS	1245 133TH ST. NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, RONNIE J.	2.2 NAME	
STREET ADDRESS	5705 25TH ST., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SHELTON, W. J.	3.2 NAME	
STREET ADDRESS	208 30TH ST., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PILLSBURY, ALBERT V.	4.2 NAME	
STREET ADDRESS	5312 10TH AVE., DR., W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAPOE, FRED	5.2 NAME	
STREET ADDRESS	6501 17TH AVE W (W 318)	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	HINES, ANDREW H JR	6.2 NAME	
STREET ADDRESS	150 SECOND AVE N 1600	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 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)(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: Ronnie J. Barber 3-3-95 (813) 746-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ronnie J. Barber

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or pi
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Bl
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in
5. Submit with total amount due in the form of a separate check for each fi ugh a United States Bank to Department of State.) Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mail s as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, eviously reported, in Block 2.

Block 2a. *If the computer-entered mailing address in* Block 1 is incorrect, enter the r ice Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) nu 1 "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at

Block 5. Should you desire a certificate reflecting your corporation's status after the k 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribution of $5.00 per taxpayer for the f political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box

Block 8. Check the appropriate box. Please direct all intangible tax questions to the 1.

Block 9. The law requires that each corporation have a Registered Agent with a Flor Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change the Registered Agent on t

Block 10. Enter name of new Registered Agent and/or new address. This must be a service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT but an of

Block 11. The new registered agent must indicate familiarity with section 607.0505, bligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Ager fferent corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature requ

Block 12. Block 12 contains the last information on officers/directors reported to our ock 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Bl nd legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Dir "If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* NOTE: A DIRECTOR MUST BE A NATURAL IOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must reet addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either easurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street addres eiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is ur

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

pondence to this address:

D NEUKOM, GEORGE A, JR
38444 5TH AVE
ZEPHYRHILLS, FL

D SHETTE, PHILIP L
1570 FOX ROAD
CLEARWATER, FL

Delivery):

7.

8.

6/1

INFORMATION REGA

If the check submitted with this report is returned by a bank for any reason, the rep . The Department of State will administratively dissolve the corporation if a replacement payment with service char hin the prescribed time frame.