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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 251141 (8)

1. Corporation Name  
SOUTHEASTERN LABORATORIES, INC.

Principal Place of Business

Mailing Address

490 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

490 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205-3775

3. Date Incorporated or Qualified

09/12/1961

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINGHIPAKIS, E C  
490 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

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

(Indicate 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	S	DELETE
NAME	PRINGHIPAKIS, E.C.	
STREET ADDRESS	490 S EDGEWOOD AVE	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	D	DELETE
NAME	PRINGHIPAKIS, E. C.	
STREET ADDRESS	490 S. EDGEWOOD AVE.	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	T	DELETE
NAME	PRINGHIPAKIS, E C	
STREET ADDRESS	490 S EDGEWOOD AVE	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	D, PRINGHIPAKIS, E. C.	DELETE
NAME	VP	
STREET ADDRESS	490 S. Edgewood Ave	
CITY- ST- ZIP	JACKSONVILLE, FL 32205-3775	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1997 904-384-6431

CR2E034 (9/96)