

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 631714 (3)

1. Corporation Name
LONDON LABS, INC.



Principal Place of Business Mailing Address
4399 35TH STREET NORTH 4399 35TH STREET NORTH
P.O. BOX 84000 P.O. BOX 84000
ST. PETERSBURG FL 33714-3717 ST. PETERSBURG FL 33714-3717

3. Date Incorporated or Qualified 08/01/1979 3a. Date of Last Report 05/01/1995
4. FEI Number 59-1930515 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAYNE, JOHN W.
4399 35TH STREET NORTH.
ST. PETERSBURG FL 33706

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, CHARLES J.	1. 2 NAME	
STREET ADDRESS	13380 86TH AVENUE NO.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA, JOSEPH E.	2. 2 NAME	
STREET ADDRESS	512 JOHNS PASS AVE.	2. 3 STREET ADDRESS	
CITY - ST - ZIP	MADEIRA BEACH FL	2. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKIEWICZ, CY	3. 2 NAME	
STREET ADDRESS	3804 46TH AVE S.	3. 3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN W.	4. 2 NAME	
STREET ADDRESS	68 DOLPHIN DRIVE	4. 3 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL	4. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JEFFREY T.	5. 2 NAME	
STREET ADDRESS	7840 CAUSEWAY BLVD. SO.	5. 3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD	6. 2 NAME	
STREET ADDRESS	6660 1ST AVENUE SOUTH	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

CY STANKIEWICZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/96
Date

Daytime Phone #

CR2E034 (12/95)