

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 649733

1. Corporation Name
ILAB, INC.

Principal Place of Business
4399 35 ST N
P O BOX 04000
ST PETERSBURG FL 33784

Mailing Address
4399 35 ST N
P O BOX 04000
ST PETERSBURG FL 33784

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90043 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1980

4. FEI Number

59-1981910

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

TITLE VS ☐ DELETE

NAME PAYNE, JEFFREY T.
STREET ADDRESS 7840 CAUSEWAY BLVD S
CITY-ST-ZIP ST PETERSBURG FL

TITLE VT ☐ DELETE

NAME STANKIEWICZ, CY
STREET ADDRESS 3804 46TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☐ DELETE

NAME PAYNE, JOHN W
STREET ADDRESS 68 DOLPHIN DRIVE
CITY-ST-ZIP TREASURE ISLAND, FL00000

TITLE V ☐ DELETE

NAME STEVENS, ROBERT
STREET ADDRESS 9180 60 ST N
CITY-ST-ZIP PINELLAS PARK FL

TITLE V ☐ DELETE

NAME MOTTA, JOSEPH E
STREET ADDRESS 512 JOHNS PASS AVE
CITY-ST-ZIP MADEIRA BCH FL

TITLE D ☒ DELETE

NAME DUFFY, CHARLES J
STREET ADDRESS 13380 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 a subsequent filing with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

03/17/99

727 912 3008

CR2E034 (11/98)