


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 039 *****61.25

DOCUMENT # 752423 1. Entity Name GULF SPECIMEN MARINE LABORATORIES, INC.					
Principal Place of Business 222 CLARK DRIVE P.O. BOX 237 PANACEA, FL 32346 US			Mailing Address 222 CLARK DRIVE P.O. BOX 237 PANACEA, FL 32346 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2021454	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUDLOE, ANNE 222 CLARK DRIVE PANACEA, FL 32346				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDLOE, JACK J.		NAME	<i>Rudloe, Cypress</i>	
STREET ADDRESS	275 CLARK DR.		STREET ADDRESS	<i>151 CLARK DR</i>	
CITY-ST-ZIP	PANACEA, FL 32346		CITY-ST-ZIP	<i>Panacea, FL 32346</i>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDLOE, JACK J.		NAME		
STREET ADDRESS	151 CLARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULPEPPER, JIM		NAME	<i>Frisby, David</i>	
STREET ADDRESS	507 WILLIAMS ST		STREET ADDRESS	<i>265 Madison St</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	<i>Monticello, FL 32345</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDLOE, ANNE		NAME		
STREET ADDRESS	151 CLARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARONSON, MILTON		NAME	<i>Howell, Jeff</i>	
STREET ADDRESS	5820 BIKINI WAY SOUTH		STREET ADDRESS	<i>2155 Monroe St</i>	
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP	<i>Tallahassee, FL 32302</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDERS, JAY		NAME		
STREET ADDRESS	5009 BRILL POINT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #