2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 825963

1. Entity Name
SHELDON LABORATORY SYSTEMS, INC.

Principal Place of Business	Mailing Address
102 KIRK STREET CRYSTAL SPRINGS, MS 39059	P.O. BOX 836 CRYSTAL SPRINGS, MS 39059 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0366456
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLOCUMB, LYNN E
3309 LAKESIDE CIR
PARRISH, FL 34219

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, VICTOR
STREET ADDRESS	3 CRANEBRAKE DR.
CITY-ST-ZIP	CRYSTAL SPRINGS, MS 39059
TITLE	TD
NAME	SORGENFREI, MARK A
STREET ADDRESS	1517 KRISTEN DR.
CITY-ST-ZIP	JACKSON, MS 39211
TITLE	SD
NAME	PEETS, RANDOLPH D III
STREET ADDRESS	700 PINEWAY HILL
CITY-ST-ZIP	JACKSON, MS 39208
TITLE	VP
NAME	WOOD, CLAUDE S III
STREET ADDRESS	1028 BEALL RD.
CITY-ST-ZIP	HAZLEHURST, MS 39083
TITLE	SVP
NAME	FITZGERALD, BRYAN A
STREET ADDRESS	4657 OLD LAKE RD.
CITY-ST-ZIP	JACKSON, MS 39212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000060585
02/23/04-80045-018 150.00

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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 607, 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: Victor L. Smith VICTOR L. SMITH 2/17/04 601-892-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #