


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90050 032 \*\*\*150.00

<b>DOCUMENT # 825963</b> 1. Entity Name SHELDON LABORATORY SYSTEMS, INC.					
Principal Place of Business 102 KIRK STREET CRYSTAL SPRINGS, MS 39059			Mailing Address P.O. BOX 836 CRYSTAL SPRINGS, MS 39059 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>64-0366456</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SLOCUMB, LYNN E 3309 LAKESIDE CIR PARRISH, FL 34219				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, VICTOR 3 CRANE BRAKE DR. CRYSTAL SPRINGS, MS 39059	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Adkins, Carl E. 124 Hickory Glen Madison, MS 39110
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORGENFREI, MARK A 1517 KRISTEN DR. JACKSON, MS 39211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brashier, Chuck 130 Bennington Pointe Madison, MS 39110
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEETS, RANDOLPH D III 700 PINEWAY HILL JACKSON, MS 39208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thames, Clay 105 Essex Court Madison, MS 39110
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, CLAUDE S III 1028 BEALL RD. HAZLEHURST, MS 39083	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thames, Clay 105 Essex Court Madison, MS 39110
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FITZGERALD, BRYAN A 4657 OLD LAKE RD. JACKSON, MS 39212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thames, Clay 105 Essex Court Madison, MS 39110
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Chuck Brashier</u> <b>Chuck Brashier Vice President 3/17/05 6018927120</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40037519



03122005 Chg-P CR2E034 (10/03)

# ATTACHMENT

40037519  
#825963

Sheldon Laboratory Systems, Inc.  
102 Kirk Street  
Crystal Springs, MS 39059

## Names & Home Addresses of its Current Directors & Officers:

### DIRECTORS:

Mark A. Sorgenfrei  
125 Oakridge Trail  
Flowood, MS 39232

Carl E. Adkins  
124 Hickory Glen  
Madison, MS 39110

Randolph D. Peets, III  
700 Pine Way Hill  
Jackson, MS 39232

### OFFICERS:

Mark A. Sorgenfrei  
(see above)

Chairman of the Board & Treasurer

Carl E. Adkins  
(see above)

President

Chuck Brashier  
130 Bennington Pointe  
Madison, MS 39110

Vice President of Administration

Bryan A. Fitzgerald  
4657 Old Lake Road  
Jackson, MS 39212

Vice President of Manufacturing

Clay Thames  
105 Essex Court  
Madison, Ms 39110

Vice President of Sales and Marketing

Donald A. Cap  
101 Marshall Drive  
Jackson, MS 39212

Vice President of Design

Jenny Phillips  
1545 Kickapoo Road  
Clinton, MS 39056

Vice President of Operations

John W. Luter  
301 Waterbury Cove  
Flowood, MS 39232

Vice President of Contracts

Randolph D. Peets, III  
(see above)

Secretary