

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F08233 (1)

1. Corporation Name

REILIGH LABORATORIES, INC.



Principal Place of Business

Mailing Address

% ROBERT BLIGH
750 E. SAMPLE RD. #43
POMPANO BEACH FL 33064

% ROBERT BLIGH
750 E. SAMPLE RD. #43
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

12/08/1980

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 26 10827 N.W. 50th Street

4. FEI Number

59-2065957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLIGH, ROBERT
3581 N FED. HWY., SUITE 106 & 108
POMPANO BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10827 N.W. 50th Street

83

84 City

Sunrise,

FL

85 Zip Code

33351

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME BLIGH, ROBERT
STREET ADDRESS 3581 N. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10827 N.W. 50th Street
1.4 CITY-ST-ZIP Sunrise, Florida 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VPD
2.3 STREET ADDRESS Bligh, Jack D.
2.4 CITY-ST-ZIP 10827 N.W. 50th Street
Sunrise, Florida 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, changed, or on an attachment with an address.

SIGNATURE:

Jack D. Bligh
Jack D. Bligh, Vice President

3/12/96

Date

(954) 747-9737

Daytime Phone #

CR2E034 (12/95)