

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F30556 (7)
 1. Corporation Name
SOUTHERN REFERENCE LABORATORIES, INC.



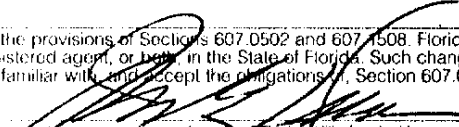
Principal Place of Business % MARCUS E. DREWA'S OFFICE 580 W 8TH ST JACKSONVILLE FL 32209-8553	Mailing Address % MARCUS E. DREWA'S OFFICE 580 W 8TH ST JACKSONVILLE FL 32209-8533
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3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2072036	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent HARRISON, PHILIP R 580 WEST 8TH STREET JACKSONVILLE FL 32209	10. Name and Address of New Registered Agent 81 Name Marcus E. Drewa 82 Street Address (P.O. Box Number is Not Acceptable) 580 West Eighth Street 83 84 City Jacksonville FL 85 Zip Code 32209
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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:  DATE: **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, PHILIP R.	
STREET ADDRESS	580 W. 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASTD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, ROBERT E.	
STREET ADDRESS	580 W. 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOTES, HENRY JR	
STREET ADDRESS	937 N. MAIN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	HATCH, MONROE C.	
STREET ADDRESS	3120 HENDRICKS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John D. Cheatwood	
1.3 STREET ADDRESS	1006 Alhambra Drive, South	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 an attachment with an address.

SIGNATURE:  DATE: **4-22-97** DAYTIME PHONE: **904-798-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)