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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F30556

1. Corporation Name

SOUTHERN REPERENCE LABORATORIES, INC.									
Principal Place	of Business	Mailing Address			- I TRANSMA (TRA 1374) BRIBL BEIDT DITTE DIE	ı Biğil Biğil biği		OLI OIBII IODI	
% MARCUS E. DREWA'S OFFICE 580 W 8TH ST		% MARCUS E. DREWA'S OFFICE 580 W 8TH ST		DO NOT WRITE IN	I TUIC CDAC	E			
JACKSONVILLE FL 32209-6553		JACKSONVILLE FL 32209-6553			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					04/14/1981				
2 Principal P	ace of Business	2a. Mailing Address			4. FEI Number	T	App	lied For	
— ·	ace of business	26			59-2072036	ŕ	- <i>1</i>	Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8		dditional	
22	1				5. Certifcate of Status Desired		ee Red	1	
City & State	9	City & State			6. Election Campaign Financing	\$5	5.00 h	May Be	
23		28		_	Trust Fund Contribution	A	dded to	Fees	i
Zip	Country	Zip	Çou	ntry	8. This corporation owes the current ye				
24		29	30		Personal Property Tax.	XX_Ye		□No	i
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Regis	tered Agent			1
DREWA, MARCUS E 580 WEST EIGHTH STREET JACKSONVILLE FL 32209				81 Name Rober 82 Street Add 580 V	t E. Jordan dress (P.O. Box Number is Not Acceptable) V. 8th St.				
					sonville		Zip C 3 2 2	09	ı
a4700 or 6	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was at	uthonizer	l by the comprat	poration submits this statement for the purp- ion's board of directors. I hereby accept the	ose of chang appointment	ng its i as reg	registered jistered	I
SIGNATURE		>-	Robe	ert E. d		<u>/26/99</u>			١ _
	Signature, types of printed name of registered agent a OFFICERS AND		Registered	Agent signature requi	ADDITIONS/CHANGES TO OFFICE	~1E	ECTO	RS IN 12	CR2E034 (11/98)
12.	SD	DELETE	1,1 (1)	TLE	1,5511107107017 111020 10 011102	□ CI		Addition	1 =
NAME	CHEATWOOD, JOHN D		1.2 N						<u> </u>
STREET ADDRESS	1006 ALHAMBRA DRIVE SOUTH		- 1	REET ADDRESS					
	JACKSONVILLE FL		1	TY-ST-ZIP					្តើ
CITY-ST-ZIP TITLE	DT	☐ DELETE	2.1 TI			□ ct	nange	Addition	ت
NAME	MOTES, HENRY JR		2.2 N	AME					l
STREET ADDRESS	937 N. MAIN ST.			REET ADDRESS					ł
CITY-ST-ZIP	JACKSONVILLE FL			ITY-ST-ZIP					1
TITLE	CPD	☐ DELETE	3.1 TI				nange	Addition	ì
NAME	HATCH, MONROE C.		3.2 N	7					i
STREET ADDRESS	3120 HENDRICKS AVE.			REET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 0			ITY-ST-ZIP					
TITLE	DAST	☐ DELETE	4.1 TI			[] C	nange	Addition	
NAME	LOY, MANUEL		4, 2 N	AME.					
STREET ADORESS	580 W 8TH STREET			REET ADDRESS					ĺ
CITY-ST-ZIP	JACKSONVILLE FL 32209		•	TY-ST-ZIP					
TITLE	UNOCCONTRILL I L OPEUS	☐ DELETE	5.1 TI				nange	Addition	-
NAME			5.2 N	ì					1
STREET ADDRESS			5.3 S	FREET ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE			nange	Addition	i
NAME			6.2 N	AME					1
			6.3 S	REET ADDRESS					i

14. 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 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 employment 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 addressy with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Manuel Loy

4/26/99

904-798-8200

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90061 026 ***150.00