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FILED
May 14, 1998 8:00 am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

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 32209-6553

Mailing Address
% MARCUS E. DREWA'S OFFICE
580 W 8TH ST
JACKSONVILLE FL 32209-6553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1981

4. FEI Number

59-2072036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DREWA, MARCUS E
580 WEST EIGHTH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 SD DELETE
NAME CHEATWOOD, JOHN D
STREET ADDRESS 1006 ALHAMBRA DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DAST Change Addition
1.2 NAME LOY, MANUEL
1.3 STREET ADDRESS 580 W. 8TH STREET
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE DT DELETE
NAME MOTES, HENRY JR
STREET ADDRESS 937 N. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CPD DELETE
NAME HATCH, MONROE C.
STREET ADDRESS 3120 HENDRICKS AVE.
CITY-ST-ZIP JACKSONVILLE, FL 0

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 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 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: X SIGNATURE OF OFFICER OR DIRECTOR

Monroe C. Hatch

4/21/98

904-798-7139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044129

CR2E034 (10/97)