FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:09

DOCUMENT # F93000005725 (7)

1. Corporation Name
QUALITY ANALYTICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
2772 NW 43RD STREET STE - C GAINESVILLE FL 32606 US	2772 NW 43RD STREET STE - C GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 84-1249769 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN J	1.2 NAME	
STREET ADDRESS	49 ALACHUA HIGHLANDS	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	FISHER, MCLANE	2.2 NAME	Lyle G. Hassebroek
STREET ADDRESS	6093 S BELLAIRE WAY	2.3 STREET ADDRESS	6060 S. willow Dr.
CITY-ST-ZIP	LITTLETON CO	2.4 CITY-ST-ZIP	Greenwood Village, Co
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HOBIN, KYLE R	3.2 NAME	
STREET ADDRESS	5228 SW 92ND COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	MCADAMS, ELIZABETH A	4.2 NAME	
STREET ADDRESS	8693 BLUEBUNCH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKER CO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	PETERSON, RALPH R	5.2 NAME	
STREET ADDRESS	49 ALACHUA HIGHLANDS	5.3 STREET ADDRESS	6060 S. willow Dr
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	Greenwood Village, Co
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Robert G. Card
STREET ADDRESS		6.3 STREET ADDRESS	6060 S. Willow Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Greenwood Village, Co

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)(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: Kyle Hobin 2/6/95 (904) 331-2442
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kyle Hobin

0053100 CP