

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 # F94000002827 (3)

1. Corporation Name

QUALITY RESEARCH LABS, INC.

Principal Place of Business

Mailing Address

% CASTLETON BEVERAGE CORPORATION  
P.O. BOX 26368  
JACKSONVILLE FL 32226

% CASTLETON BEVERAGE CORPORATION  
P.O. BOX 26368  
JACKSONVILLE FL 32226



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

04/28/1995

4. FEI Number FEI# 59-3249959

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

TITLE PD  
NAME CARRERA-JUSTIZ, FRANCISCO  
STREET ADDRESS 12200 N. MAIN ST.  
CITY-STATE-ZIP JACKSONVILLE FL 32218

TITLE VD  
NAME GARDNER, RICHARD H  
STREET ADDRESS 12200 N. MAIN ST.  
CITY-STATE-ZIP JACKSONVILLE FL 32218

TITLE S  
NAME MEZULANIK, KATINA  
STREET ADDRESS 12200 N. MAIN ST.  
CITY-STATE-ZIP JACKSONVILLE FL 32218

TITLE T  
NAME CAUTHEN, CHARLES  
STREET ADDRESS 12200 N. MAIN ST.  
CITY-STATE-ZIP JACKSONVILLE FL 32218

TITLE VP  
NAME MANUEL OLIVER  
STREET ADDRESS 12200 NORTH MAIN STREET  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ASVP  
NAME ROGER GAPINSKI  
STREET ADDRESS 12200 NORTH MAIN STREET  
CITY-STATE-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME RUSSELL, BRYAN  
1.3 STREET ADDRESS 12200 NORTH MAIN STREET  
1.4 CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32218

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

G Charles Cauthen / G. Charles Cauthen

4-2-96

(904) 757-1290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)