

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90028 039 ***158.75

DOCUMENT # F98000004935

1. Corporation Name

TESTING WITHOUT ANIMALS, INC.

Principal Place of Business

5339 GUNN HWY.
TAMPA FL 33624

Mailing Address

5339 GUNN HWY.
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

59-3525360

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO Box 272437

27

Suite, Apt. #, etc.

28

City & State

29

TAMPA FL

30

Zip

33688-2437

Country

9. Name and Address of Current Registered Agent

HICKMAN, LARRY
5339 GUNN HWY.
TAMPA FL 33624

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

TITLE CP ☐ DELETE

NAME HICKMAN, LARRY
STREET ADDRESS 5339 GUNN HWY.
CITY-ST-ZIP TAMPA FL 33624

TITLE CT ☐ DELETE

NAME HICKMAN, SUSAN
STREET ADDRESS 5339 GUNN HWY.
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE

NAME RAVEN, PETER
STREET ADDRESS 5339 GUNN HWY.
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE

NAME SNYDER, WILLIAM
STREET ADDRESS 5339 GUNN HWY.
CITY-ST-ZIP TAMPA FL 33624

TITLE VS ☐ DELETE

NAME DESBROW, JOHN D
STREET ADDRESS 18952 MACARTHUR BLVD., STE. 110
CITY-ST-ZIP IRVINE CA 92612

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99

Date

Daytime Phone #

0396359

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