

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 8:52

DOCUMENT # **G32744**

(6)

1. Corporation Name
ION LABS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/1983

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.
22

28 State, Apt. # etc.
27

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2368234

Applied For
First Application

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for uncollectible fees under s. 199.11(2)
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, WILLIAM E.
6554 44TH ST N
PINELLAS PARK FL 34665

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 of person named as registered agent and the filer (signature)

Signature of Registered Agent (signature or printed name when not available)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	OLIVER, WILLIAM
STREET ADDRESS	2625 HERON LANE N
CITY, ST, ZIP	CLEARWATER, FL 00000
TITLE	DVPS
NAME	OLIVER, TERRY
STREET ADDRESS	2625 HERON LANE NORTH
CITY, ST, ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	VPT	☐ Change ☒ Addition
15 NAME	NOVAK, JENNIFER	
16 STREET ADDRESS	6545 - 44TH ST. N.	
17 CITY, ST, ZIP	PINELLAS PARK, FL 34665	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information submitted with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report, or in an attachment with an address.

SIGNATURE:

WILLIAM OLIVER

6-28-95

(813) 527-1072