

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # H65463 (2)
1. Corporation Name
VIKING LABORATORIES, INC.



Principal Place of Business Mailing Address
% BEN K. STORY % BEN K. STORY
2140-B RANGE ROAD 2140-B RANGE ROAD
CLEARWATER FL 34625-2127 CLEARWATER FL 34625-2127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2140 Range Rd 26 2140 Range Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 B 27 B
City & State City & State
23 Clearwater FL 28 Clearwater FL
Zip Country Zip Country
24 33765 25 USA 29 33765 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
07/08/1985 05/01/1996
4. FEI Number Applied For
58-2757537 Not Applicable
6. 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

9. Name and Address of Current Registered Agent

STORY, BEN K.
13580 105TH AVENUE NORTH
LARGO FL 33544

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 true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP 1.1 TITLE ☐ Change ☒ Addition
NAME STORY, BEN K. 1.2 NAME
STREET ADDRESS 13580 105TH AVENUE NORTH 1.3 STREET ADDRESS
CITY-ST-ZIP LARGO FL 1.4 CITY-ST-ZIP 33774
TITLE D 2.1 TITLE ☐ Change ☒ Addition
NAME STORY, FAYE 2.2 NAME
STREET ADDRESS 13580 105TH AVENUE NORTH 2.3 STREET ADDRESS
CITY-ST-ZIP LARGO FL 2.4 CITY-ST-ZIP 33774
TITLE 3.1 TITLE ☐ Change ☒ Addition
NAME JOHNA MITCHELL
STREET ADDRESS 12053 104TH AVE N.
CITY-ST-ZIP LARGO FL 33773
TITLE 4.1 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 5.1 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 6.1 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do 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: [Signature] 9/15/97 (812)4430186

CR2E034 (4/97)