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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90064 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65463

1. Corporation Name
VIKING LABORATORIES, INC.

Principal Place of Business

8300 ULMERTON ROAD
SUITE #140
LARGO FL 33771
US

Mailing Address

8300 ULMERTON ROAD
SUITE #140
LARGO FL 33771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1985

4. FEI Number

59-2757537

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 15038 Balm Rd

26 6418 US Hwy 41

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 #103

City & State

City & State

23 Balm FL

28 Apollo Beach

Zip Country

Zip Country

24 33503

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORY, BEN K.
13560 105TH AVENUE NORTH
LARGO FL 33544

81 Name Ben K. Story

82 Street Address (P.O. Box Number is Not Acceptable)

758 Flamingo Drive

83

84 City Apollo Beach FL

85 Zip Code

33572

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

Ben K. Story

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME STORY, BEN K.
STREET ADDRESS 13560 105TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

1.1 TITLE
1.2 NAME Ben K Story
1.3 STREET ADDRESS 758 Flamingo Dr
1.4 CITY-ST-ZIP Apollo Bch. FL 33572

TITLE D
NAME STORY, FAYE
STREET ADDRESS 13560 105TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

2.1 TITLE Director - Treasurer
2.2 NAME Faye Story
2.3 STREET ADDRESS 758 Apollo Bch Flamingo Dr.
2.4 CITY-ST-ZIP Apollo Bch FL 33572

TITLE T
NAME MITCHELL, JOANNA
STREET ADDRESS 12053 104TH LANE N
CITY-ST-ZIP LARGO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 813-6428592

Date

Daytime Phone #

CR2E034 (11/98)