SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H71909** **(6)**

1. Corporation Name
CHRISMARK LABORATORIES, INC.

Principal Place of Business
374 HARBOUR ISLE WAY
LONGWOOD FL 32750
US

Mailing Address
POST OFFICE BOX 1628
P.O. BOX 1628
ORANGE PARK FL 32067-1628
US

3. Date Incorporated or Qualified: **08/20/1985**
3a. Date of Last Report: **07/27/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2568696** — 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

9. Name and Address of Current Registered Agent
ANDERSON, WALLACE B., JR.
1414 BARNETT BANK BLDG
JACKSONVILLE FL 32202

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: NA
Signature (typed or printed name of registered agent and title, if applicable) — (Date) — Registered Agent Signature required when consulting — (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHAFFIN, MARCIA M	
STREET ADDRESS	374 HARBOUR ISLE WAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	☐ DELETE
NAME	STRONG, SANDRA	
STREET ADDRESS	588 JOHN HANCOCK STREET	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	☐ DELETE
NAME	CROUSE, DIANE	
STREET ADDRESS	821 COQUINA CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	CHAFFIN, CHRIS	
STREET ADDRESS	374 HARBOUR ISLE WAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

407-574-8632

SIGNATURE: MARCIA M. CHAFFIN, PRESIDENT — Marcia M. Chaffin 7/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/96)