

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H88264** (7)

1. Corporation Name

P.P.B. ENVIRONMENTAL LABORATORIES, INC.



Principal Place of Business

6821 SW ARCHER RD.
GAINESVILLE FL 32608

Mailing Address

6821 SW ARCHER RD.
GAINESVILLE FL 32608

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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g. Name and Address of Current Registered Agent

**SAIER, FRANK P.
1330 N.W. 8TH STREET
SUITE B
GAINESVILLE FL 33607**

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 607.012 and 607.013, Florida Statutes, I, the undersigned, hereby certify this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Said 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 607.013, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARK, MEREDITH THOMAS	
STREET ADDRESS	524 SW 43RD TERR	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PARK, SUSAN ELIZABETH	
STREET ADDRESS	524 SW 43RD TERR	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERGDOLL, MARY KELLY	
STREET ADDRESS	ROUTE 2, BOX 453	
CITY, ST, ZIP	NEWBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is valid, true, correct and of the best quality for the corporation stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information included on this form is prepared in compliance with the provisions of the Florida Statutes 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, and that my name is the name of the person or persons authorized to represent the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or only in the first column as added.

SIGNATURE: *M. Kelly Bergdoll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Kelly Bergdoll, Vice President

4/2/96 (352) 377-2349

CR2E034 (12/95)