

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J08246 (7)

1. Corporation Name  
NATIONAL LABS, INC.



Principal Place of Business  
101 ORANGE CO. CIRCLE  
P.O. BOX 1939  
WINTER HAVEN FL 33881-9430

Mailing Address  
101 ORANGE CO. CIRCLE  
P.O. BOX 1939  
WINTER HAVEN FL 33881-9430

3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report 08/16/1995
4. FEI Number 59-2669224	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

WINNETT, R. DAN  
101 ORANGE CO CIRCLE NE  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name PAUL EBRIGHT	82 Street Address (P.O. Box Number is Not Acceptable) 352 SAND PINE TRAIL	83
84 City WINTER HAVEN	85 Zip Code FL 33880	

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:

*Paul Ebright*  
Signature, typed or printed name of registered agent and title, if any.

(NOTE: Registered Agent signature requires notarization)

2-5-96

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILANT, GREGORY	1.2 NAME	
STREET ADDRESS	101 ORANGE CO CIRCLE NE	1.3 STREET ADDRESS	PCD
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	LYNN GREENWALT
TITLE	S	2.1 TITLE	215 WEST NEW ROAD, SUITE 200
NAME	EBRIGHT, PAUL A	2.2 NAME	GREENFIELD, IN 46140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 ORANGE-CO CIR. N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALT, R. M	3.2 NAME	
STREET ADDRESS	5431 SUGAR HILLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENFIELD IN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISENANT, BLAKE	4.2 NAME	
STREET ADDRESS	19725 STATE ROAD 62	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*R. M. Greenwalt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

(Date)

Signature Printed

CR2E034 (12/95)