

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 **\$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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 24. Country 25. Country 29. Country 30. Country

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. City **WINTER HAVEN** 84. State **FL** 85. Zip Code **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 607.005, Florida Statutes.

SIGNATURE: *Paul Ebright*

(NOTE: Registered Agent signature requires list of names being

2-5-96

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	PILANT, GREGORY	
STREET ADDRESS	101 ORANGE CO CIRCLE NE	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EBRIGHT, PAUL A	
STREET ADDRESS	101 ORANGE-CO CIR. N.E.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENWALT, R. M	
STREET ADDRESS	5431 SUGAR HILLS DR.	
CITY- ST- ZIP	GREENFIELD IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHISENANT, BLAKE	
STREET ADDRESS	19725 STATE ROAD 62	
CITY- ST- ZIP	PARRISH 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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PCD LYNN GREENWALT
1.4 CITY- ST- ZIP	215 WEST NEW ROAD, SUITE 200 GREENFIELD, IN 46140
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

CR2E034 (12/95)