

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED

20 JUL 14 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08246

1. Corporation Name

National Labs, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 1, 1986

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 19725 State Rd 62

Suite, Apt. #, etc.

22

City & State

23 Parrish, Florida

Zip

Country

24 34219

25 USA

2a. Mailing Address

26 %CPA Associates, P.A.

Suite, Apt. #, etc.

27

City & State

28 Bradenton, Florida

Zip

Country

29 34205

30 USA

9. Name and Address of Current Registered Agent

Larry Helms
60 2nd Street, SE
Winter Haven, Florida 33880

10. Name and Address of New Registered Agent

81 Name

Capital Connections, Inc.

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

417 East Virginia Street

83

Suite 1

84 City

Tallahassee

FL

85

Zip Code

32301

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

Chris E. Renewell

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/99

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Lynn Greenwalt

STREET ADDRESS 2424 E. 600 N

CITY-ST-ZIP Greenfield, IN 46140

TITLE Vice President ☐ DELETE

NAME Robert Blake Whisenant

STREET ADDRESS 19725 State Rd 62

CITY-ST-ZIP Parrish, FL 34219

TITLE Secretary ☐ DELETE

NAME Max Greenwalt

STREET ADDRESS 5431 Sugar Hill Drive

CITY-ST-ZIP Greenfield, IN 46140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***550.00 ***550.00

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:

Robert Blake Whisenant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)