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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90255 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J24978**

1. Corporation Name
DR. SHIFFER LABORATORIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4901 PALM BEACH BLVD., #105
P.O. BOX 50609
FT. MYERS FL 33994
US

Mailing Address
4901 PALM BEACH BLVD., #105
P.O. BOX 50609
FT. MYERS FL 33994
US

3. Date Incorporated or Qualified
07/21/1986

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2688402

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 **25**

Zip Country
29 **30**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JERRY R.
4402 E. RIVERSIDE DR.
FT. MYERS FL 33905

81 Name **JERRY R. MOORE**
 82 Street Address (P.O. Box Number is Not Acceptable)
12669 COLD STREAM DR.
 83
 84 City **FT. MYERS** FL 85 Zip Code **33912**

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: *Jerry R. Moore* **JERRY R. MOORE** DATE: **4/22/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JERRY R.	1.2 NAME	
STREET ADDRESS	4402 E. RIVERSIDE DR.	1.3 STREET ADDRESS	12669 COLD STREAM DR.
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LINDA J.	2.2 NAME	
STREET ADDRESS	4402 E RIVERSIDE DRIVE	2.3 STREET ADDRESS	12669 COLD STREAM DR.
CITY-ST-ZIP	FT MYERS FL 33905	2.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESNUT, PATTI ANN	3.2 NAME	
STREET ADDRESS	137 GIBSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33905	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, D. SCOTT	4.2 NAME	
STREET ADDRESS	496 N.W. FLETCHER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEVEN L.	5.2 NAME	
STREET ADDRESS	4351 RIVER GROVE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Jerry R. Moore* **JERRY R. MOORE** DATE: **4/22/99** (941) 694-5720 Daytime Phone #

CR2E034 (11/98)