

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J99665

(8)

1. Corporation Name

HUMANALYSIS INC.

APPROVED
AND
FILED

95 FEB -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001403171

-02/10/95--01057--001

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/27/1987	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2859716	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	

Principal Place of Business		Mailing Address	
C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751		C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELAM, DOUGLAS B. 1917 BLOSSOM LANE MAITLAND FL 32751		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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ELAM, DOUGLAS B.	1.2 NAME	
STREET ADDRESS	1917 BLOSSOM LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	SAPORITO, MICHAEL	2.2 NAME	
STREET ADDRESS	607 MORGAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DTV	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, ROBERT	3.2 NAME	
STREET ADDRESS	3450 LILA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	MCMUTT, BOB	4.2 NAME	DV
STREET ADDRESS	5401 DECATUR ST	4.3 STREET ADDRESS	McNutt, Robert D.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	8750 Aspen Avenue
TITLE		5.1 TITLE	Orlando, FL 32817
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas B. Elam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95

(407) 657-9283

Date

Telephone Number