

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 # **L12231** (1)

1. Corporation Name

GATHERS ANALYTICAL LABORATORY, INC.



Principal Place of Business

Mailing Address

**7523 ALOMA AVE SUITE 204
P.O. BOX 331867
GOLDENROD FL 32733**

**7523 ALOMA AVE SUITE 204
P.O. BOX 331867
GOLDENROD FL 32733**

3. Date Incorporated or Qualified

08/30/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4965 Palmetto Avenue

26 4965 Palmetto Avenue

4. FEI Number

59-2999741

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27 P.O. Box 331867

City & State

City & State

23 Winter Park, FL

28 Goldenrod, FL

Zip

Country

Zip

Country

24 32742

25 US

29 32733

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENISE M. GATHERS
7523 ALOMA AVE SUITE 204
4468 GLENMOOR CRT
WINTER PARK FL 32792**

81 Name

Denise M. Gathers

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

4965 Palmetto Avenue

83

Suite 4

84

Winter Park

FL

85 Zip Code

32792

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DCE
GATHERS, DENISE M.
4468 GLENMOOR CT.
WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GATHERS, JOEL J.
4468 GLENMOOR CT.
WINTER PARK FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

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: **Denise M. Gathers DENISE M. GATHERS**

4/29/96

4076785202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)