

2-9-98 B 1705 C
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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L23505 (5)
 1. Corporation Name
ST. JOHNS BIOMEDICAL LABORATORIES, INC.



Principal Place of Business: C/O ST JOHN BIOMEDICAL LAB INC, 2535 US 1 S, ST AUGUSTINE FL 32086, US

Mailing Address: % RICHARD L. WALER, JR, P.O. BOX 4497, ST. AUGUSTINE FL 32085, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Jacksonville FL 24 Zip: 25 Country: 26 Mailing Address: 26 c/o Emmelina S Ceguerra Suite, Apt. #, etc. 27 2411 Peg Leg Rd City & State: 28 Jacksonville FL 29 Zip: 30 32224-1164 Country: 30 USA

3. Date Incorporated or Qualified: 10/08/1989

4. FEI Number: 59-2974661 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WALER, RICHARD L, JR
118 NAUTILUS RD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: **EMMELINA S CEGUERRA, CPA**

82 Street Address (P.O. Box Number is Not Acceptable): **2411 PEG LEG RD**

83 City & State: **JACKSONVILLE FL**

84 City: **FL** 85 Zip Code: **32224**

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: *Emmelina S Ceguerra, CPA* 1-31-98
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIA, EDWIN O.	
STREET ADDRESS	685 STANDISH ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Edwin O SIA* 1/31/98

CR2E034 (10/97)