

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L65169

(9)

1. Corporation Name

MOTION LAB SYSTEMS, INC.

FILED

1995 JUL 25 AM 9:18

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~7470 HIGHLAND RD-~~
~~BATON ROUGE LA 70808-~~
9441 Common St, Ste C
Baton Rouge, LA 70809

~~7470 HIGHLAND RD-~~
~~BATON ROUGE LA 70808-~~
9441 Common St, Ste C
Baton Rouge, LA 70809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

05/01/1994

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

Zip

Country

24

25

29

30

4. FEI Number

59-3015150

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLATTHORN, GINA M, CPA
411 PASADENA AVE SOUTH
ST PETERSBURG FL 33707

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) Signed by person named as registered agent and the corporation

(PRINT) Registered Agent signature required when reappointing

(DATE)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11a

TITLE

PD

NAME

CRAMP, EDMUND

STREET ADDRESS

5541 RIVERSTONE DR- 1989 Brightside

CITY, ST, ZIP

BATON ROUGE LA

11b

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

11a

TITLE

NAME

STREET ADDRESS

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 140.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edmund Cramp
EDMUND CRAMP, DIRECTOR

Edmund Cramp

7-20-95

504 928 0616