Apr 26, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L90066

1. Corporation Name

DEIBEL LABORATORIES OF FLORIDA, INC.

Principal P ace of Business Mailing Address						
7165 CURTISS AVE SARASOTA FL 34231		P.O. BOX 1056 OSPREY FL 34229-1056				DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualified
	leas of Business	2- Mailing Address	2a Mailing Address			07/10/1990 4. FEI Number Applied For
2. Principal Place of Business		_ <b>⊢</b> `	2a. Mailing Address			65-0335355 Not Applicable
21		26	26 Suite Ant # etc			\$8.75 Additional
Suite, Apt. #, etc.		· · · · · ·	27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		— ´	28			Trust Fund Contribution Added to Fees
Zip	Cour try	Zip	Cou	ntry		8. This corporation owes the current year intangible
25		29	30			Persor al Property Tax.
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
				81	Name	
	erson, kent J.			82	Street A	At dress (P.O. Box Number is Not Acceptable)
7101 S TAMIAMI TRAIL				•-	01,000,	
SUN				83		
SAR	ASOTA FL 34231			84	City	85 Zip Code
					·	FL
office crr	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida.Such change was 🖪	utnonzec	i by t	named on the corporation	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the approintment as registered
SIGNATUFE						
	Signature, typed or printed na ne of registered ag-		<u> </u>	Agent	signature re	required when reinstating)  DATE  DA
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change
TITLE	DP	☐ DELETE	1.1 TP			
NAME	DEIBEL, ROBERT H.		1.2 NA			
STREET ADDRESS	·				ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	☐ DELETE	_	TY-S <u>T</u>	-ZIP	☐ Change ☐ Addition
TITLE	DST DEIDEL CAROLL	□ pereir	2.1 TF			
NAME	DEIBEL, CAROL L.		2.2 NA			
STREET ADDRESS			- 1		ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		2.4 C	ITY-ST	-ZIP	Change Addition
TITLE			3.2 N/		-	
NAME					ADDRESS	
STREET ADDRE 3S			1			
CITY-ST-ZIP		DELETÉ	4 1 TI	17Y-\$ <u>T</u>	-211	Change Addition
			4. 2 N			
NAME					ADDRESS	
STREET ADDRESS				TY-ST	1	
CITY-ST-ZIP		DELETE	5.1 TI		ZII	☐ Change ☐ Addition
			52 N/			
NAME STREET ADDRESS					ADDRESS	
				TY-ST		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 Tr	_		Change Addition
NAME			6.2 N/	AME.	)	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP	
UILL OF LA	I .					

14. I hereby certify that the informat on 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 attach negativity an address, with a lother like empowered.

SIGNATURE:

G OFFICEF OR DIRECTOR