SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT . FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 96 SEP 10 PM 12: 11 N94000006008 (6) DOCUMENT # FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE EDUCATIONAL FOUNDATION, INC. Mailing Address Principal Place of Business 9 GOLF CIRCLE. NE 9 GOLF CIRCLE. NE WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 3. Date Incorporated or Qualified 12/06/1994 3a. Date of Last Report 05/01/1995 Applied For 4. FEI Number 59-3039918 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc Certificate of Status Desired Fee Required Suite, Apt. #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032 23 Country Zip Country Yes X No Ζıρ 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FERRON, DORIS C 9 GOLF CIRCLE, NE 83 WINTER HAVEN FL 33881 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. X Addition Change 12 D DELETE 1.1 TITLE SECRETARY TITLE 1.2 NAME SHARON McCLEDON TAYLOR, ROBBIE NAME 1230 MEIGS DRIVE 1.3 STREET ADDRESS 928 15TH ST. NE STREET ADDRESS FL 32578 NICEVILLE. WINTER HAVEN FL 33881 X Addition Change CITY - ST - ZIP X DELETE 21 TITLE TREASURER TITLE SIMMONS, JOAN 2.2 NAME CATHY WEHLING NAME 23 STREET ADDRESS 1010 ROCKY BAYOU RD NICEVILLE, FL 32578 3620 TIGER POINT BLVD. STREET ADDRESS **GULF BREEZE FL 32561** 2. 4 CITY - ST-ZIP Change Addition CITY - ST - ZIF X DELETE 31 TITLE TITLE FERRON, DORIS C NAME 33 STREET ADDRESS 9 GOLF CIRCLE, NE STREET ADDRESS WINTER HAVEN FL 33881 3.4 CITY-ST-ZIP Change Addition CITY - ST - ZIP 400001951474 DELETE 4.1 TITLE TITLE -09/19/96--01010--020 *****61.25 *****61.2 4.2 NAME *****61.25 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY-ST-ZIF DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. oris NON Farranthik

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