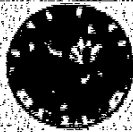


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Marshall
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27624

(6)

1. Corporation Name

NUCLEIC ASSAYS CORPORATION

Principal Place of Business

1679 S 8TH ST
SUITE G-1
AMELIA ISLAND FL 32024
US

Mailing Address

RT 3 BOX 108-1
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
01/02/1990

3a. Date of Last Report
03/25/1994

4. FEI Number
50-2058331

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

6. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUNDERS, MARY S.
RT 3 BOX 108-1
MONTICELLO FL 32344

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, 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 VD
NAME PEGG, R. KEVIN
STREET ADDRESS 5201 FIRST COAST HWY
CITY-STATE-ZIP FERNANDINA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☒ Addition

32034

TITLE VSD
NAME SAUNDERS, MARY S.
STREET ADDRESS RT 3 BOX 108-1
CITY-STATE-ZIP MONTICELLO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☒ Addition

32344

TITLE PD
NAME KELTON, ARDEN A
STREET ADDRESS 414 GREEFERN CT
CITY-STATE-ZIP BURLINGTON NC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

PD
Kelton, Arden A.
1679 S. 8th St., Ste G-1
Amelia Island, FL 32024

TITLE D
NAME SCHRUNK, DAVID G
STREET ADDRESS 16805 AVE FLORENCIA
CITY-STATE-ZIP POWAY CA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☒ Addition

92064

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ 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 110.07(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:

Mary Starnes Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR
MARY STARNES SAUNDERS

4/17/95

Date

904 997-8707

Daytime Phone #