

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P27624 (6)**  
1. Corporation Name  
**NUCLEIC ASSAYS CORPORATION**



Principal Place of Business  
**1678 S 8TH ST  
SUITE G-1  
AMELIA ISLAND FL 32034  
US**

Mailing Address  
**RT 3 BOX 106-1  
MONTICELLO FL 32344**

3. Date Incorporated or Qualified  
**01/02/1990**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**59-2959331**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**SAUNDERS, MARY S.  
RT 3 BOX 106-1  
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	PEGG, R. KEVIN	5201 FIRST COAST HWY	FERNANDINA BEACH FL	<input type="checkbox"/>
VSD	SAUNDERS, MARY S.	RT 3 BOX 106-1	MONTICELLO FL	<input type="checkbox"/>
PD	KELTON, ARDEN A	1678 S. 8TH ST. #G1	AMELIA ISLAND FL	<input checked="" type="checkbox"/>
D	SCHRUNK, DAVID G	16605 AVE FLORENCIA	POWAY CA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Pegg, R. Kevin	5201 First Coast Hwy	Fernandina Beach FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Ronald Robertson	1658 Long's Mill Rd.	Blanche N.C. 27212	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 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 S. Saunders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 904 997 8707  
Date Daytime Phone #

CR2E034 (12/95)