

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90032 049 ***150.00

DOCUMENT # P27624

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
MONTCELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2432 Lynndale Road**

Suite, Apt. #, etc.

22 **Amelia Island, FL**

23 **32034** **US**

2a. Mailing Address

26 **P.O. Box 391**

Suite, Apt. #, etc.

27 **Wacissa, FL**

28 **FL 32361** **US**

9. Name and Address of Current Registered Agent

SAUNDERS, MARY S.
RT 3 BOX 106-1, Tram Road
MONTCELLO 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

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

Mary S. Saunders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PEGG, R. KEVIN**
CITY-ST-ZIP **5085 FIRST COAST HWY**
FERNANDINA BEACH FL

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **SAUNDERS, MARY S.**
CITY-ST-ZIP **RT 3 BOX 106-1**
MONTICELLO FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **RONALD ROBERTSON**
CITY-ST-ZIP **1658 LONG'S MILL RD**
BLANCHE NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Director -**
3.3 STREET ADDRESS **Dale Carlous**
3.4 CITY-ST-ZIP **30 Boqey Lane**
Costo de Caza, CA 92679

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information 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 attachment with an address, with all other like empowered.

SIGNATURE:

Mary S. Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

DATE

850 997 8707

Daytime Phone #

CR2E034 (11/98)