

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90063 008 \*\*\*150.00

**DOCUMENT # P36488**

1. Entity Name

**LABORATORY SUPPLY COMPANY**

Principal Place of Business

Mailing Address

3069 MERCURY RD  
 JACKSONVILLE FL 32207  
 US

P.O. BOX 17009  
 LOUISVILLE KY 40209-0289  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

P.O. Box 9289

Louisville KY

40209

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0732657

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	CP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHARLES E SR	250 OTTAWA AVENUE	LOUISVILLE KY 40217		NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				
	DST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHARLES E JR	250 OTTAWA AVENUE	LOUISVILLE KY 40217		NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY - ST - ZIP					CITY - ST - ZIP				

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Charles E. Davis Sr.*  
 CHARLES E. DAVIS SR.

1-5-2000 502-363-0152  
 251

CR2E034 (9/99)