

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000065869 (8)**

1. Corporation Name

SOUTHWEST LABORATORIES, INC.



Principal Place of Business

Mailing Address

~~12088 ANDERSON ROAD~~
~~SUITE 170~~
~~TAMPA FL 33604~~

7522 N 40TH ST.
TAMPA FL 33604
US

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 6085 DIAMOND PLACE

26 6085 DIAMOND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 HARRISBURG, N.C.

28 HARRISBURG, N.C.

Zip Country

Zip Country

24 28075

25 U.S.A.

29 28075

30 U.S.A.

4. FEI Number

59-3200270

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, PAUL R.
7522 N 40TH STREET
TAMPA FL 33604

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 the date of signature

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
BEARD, JOHN D
7522 N 40TH STREET
TAMPA FL

TITLE ☐ DELETE

D
BEARD, FRANCIE M
7522 N 40TH ST.
TAMPA FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change

☐ Addition

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☐ 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/14/96

✓ 764455 7854

Daytime Phone #

CR2E034 (12/95)