

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham

Secretary of State

DIVISION OF CORPORATIONS C

1995-1-95 6-6316

DOCUMENT # P94000011898 (1)

1. Corporation Name

MEDICON LABORATORIES, INC.

APPROVED
AND
FILED

95 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BOX 1135
ORLANDO FL 32802-1135

BOX 1135
ORLANDO FL 32802-1135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/07/1994

4. FBI Number

Applied For

59-3226949

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2b. Mailing Address

21 3915 NEPTUNE DR.

26 3915 NEPTUNE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32804

25 USA

29 32804

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARPLEY, MARY J
3915 NEPTUNE
ORLANDO FL 32804

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President, Secretary, Treasurer
NAME Mary J. TARPLEY
STREET ADDRESS 3915 Neptune Dr.
CITY - ST - ZIP Orlando, FL 32804

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

☐ Change ☐ Addition

TITLE Vice President, Assistant Secretary
NAME Michael Eck
STREET ADDRESS 729 Stonehaven Ct.
CITY - ST - ZIP Walnut Creek, CA

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

REMITTED BY MAY 1

DP 6/27

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)(b), 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 J. Tarpley, President
MARY J. TARPLEY

4-25-95

Date

407-426-2900

Daytime Home #

407-423-1453