FLORIDA
CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:47

DOCUMENT # P94000049119 (8)

1. Corporation Name
CHEMPROBE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
726 FLAMINGO DRIVE APOLLO BEACH FL 33572	726 FLAMINGO DRIVE APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: ORIGINAL

2. Principal Place of Business
21: 728 KINGSTON COURT
22: Suite, Apt. #, etc.
23: City & State: APOLLO BEACH
24: Zip: 33572
25: County: HILLSBOROUGH

2a. Mailing Address
26: P.O. BOX 3780
27: Suite, Apt. #, etc.
28: City & State: APOLLO BEACH
29: Zip: 33572
30: County: HILLSBOROUGH

4. FEI Number: 59-325 3570 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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: William J Lang — June 29, 1995
Signature, type or print name of current agent and title, if applicable — DATE
NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	P D T ☑ Change ☐ Addition
NAME	LANG, WILLIAM J	1.2 NAME	WILLIAM J. LANG
STREET ADDRESS	726 FLAMINGO DRIVE	1.3 STREET ADDRESS	3367 BRIAN ROAD NORTH
CITY, ST, ZIP	APOLLO BEACH FL 33572	1.4 CITY, ST, ZIP	PALM HARBOR, FL 34685
TITLE		2.1 TITLE	V P S ☐ Change ☑ Addition
NAME		2.2 NAME	JOY S LANG
STREET ADDRESS		2.3 STREET ADDRESS	3367 BRIAN ROAD NORTH
CITY, ST, ZIP		2.4 CITY, ST, ZIP	PALM HARBOR FL 34685
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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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)(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.

SIGNATURE: William J Lang — WILLIAM J. LANG — June 29, 1995 — 813 287 5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

COUNTY OF