

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:16

DOCUMENT # P94000049816 (9)

1. Corporation Name

ANALYTICAL LABORATORIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

12410 N-DALE-MABRY 1825 TARAH TRACE P.O. BOX 290634
TAMPA FL 33618 DRIVE TAMPA FL 33687

BRANDON FLA 33510

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1825 TARAH TRACE DR

26 Suite, Apt. #, etc.

4. FEI Number

59-3259055

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

33510

USA

29

30

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

SCHAMP, DALE A

12410 N-DALE-MABRY 1825 TARAH TRACE DRIVE
TAMPA FL 33618 BRANDON FLA 33510

81 Name

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

1825 TARAH TRACE DR

83

84

BRANDON

FL

85

33510

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SCHAMP, DALE A

STREET ADDRESS

12410 N-DALE-MABRY 1825 TARAH TRACE DR

CITY-ST-ZIP

TAMPA FL 33618 BRANDON FLA 33510

1.1 TITLE

OWNER

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1825 TARAH TRACE DR

1.4 CITY-ST-ZIP

BRANDON FL 33510

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 1807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale A Schamp

DALE A. SCHAMP

1/12/95

813-1661-9032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE