FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058379 (6)**

1. Corporation Name

DRUG DETECTION SERVICES, INC.

Principal Place of Business	Mailing Address
6226 WESTMINSTER RD. PUNTA GORDA FL 33982	~~6226 WESTMINSTER RD.~~ ~~PUNTA GORDA FL 33982~~ P.O. BOX 151436 TAMPA, FLA 33684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 DRUG DETECTION SERVICES	3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 151436	4. FEI Number 59-324 2466	Applied For Not Applicable
City & State 23	City & State 28 TAMPA, FLA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33684 / 30 U.S.A.	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
GRIFFIN, EDWARD E 6226 WESTMINSTER RD. PUNTA GORDA FL 33982	01 Name: RAFAEL MARTINEZ 02 Street Address (P.O. Box Number is Not Acceptable): 5903 IDLE FOREST PLACE 03 04 City: TAMPA FL 05 Zip Code: 33614

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: RAFAEL MARTINEZ — 2/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	EDWARD E. GRIFFIN	12 NAME	
STREET ADDRESS	6226 WESTMINSTER RD	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FLA. 33982	14 CITY-ST-ZIP	
TITLE	SECRETARY / TREASURER + V	21 TITLE	☐ Change ☐ Addition
NAME	RAFAEL MARTINEZ	22 NAME	
STREET ADDRESS	5903 IDLE FOREST PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLA. 33614	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added in connection with an address.

SIGNATURE: RAFAEL MARTINEZ — 2/10/95 — (813) 875-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

033B/95 CP