

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000093117 (7)

1. Corporation Name

DRUG TEST RESOURCES, INC.

**APPROVED
AND
FILED**

95 APR 14 PM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1519 CAPITAL CIRCLE NE., STE. 15
TALLAHASSEE FL 32308**

**1519 CAPITAL CIRCLE NE., STE. 15
TALLAHASSEE FL 32308**

**700001460817
-04/20/95--01020--011**

**DO NOT WRITE IN THIS SPACE
***200.00 ***200.00**

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1994

4. FEI Number

Applied For

59-3296976

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

2. Principal Place of Business

2a. Mailing Address

21

26 **Post Office Box 13678**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 **Tallahassee, FL**

Zip

Country

Zip

Country

24

25

29 **32317-3678**

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOODY, HORACE A
1519 CAPITAL CIRCLE NE., STE. 15
TALLAHASSEE FL 32308**

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 (Print or printed name of registered agent and the 2 addresses)

NOTE: Registered Agent signature required when nominating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

P/VP/T/S/D ☒ Change ☐ Addition
HORACE A. MOODY
1519 Capital Circle NE, Suite 15
Tallahassee, FL 32308

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HORACE A. MOODY, President

04/14/95

(904) 942-5550