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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093117 (7)

DRUG TEST RESOURCES, INC.

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address	: SAINT ATANC BANCT ABOUT BRUIT BANCA CÁLDÁ TIGÁT TIÁBAL TIÓST CÁRDÍ TABA
1519 CAPITAL CIRCLE. NE P.O. BOX 13678	
SUITE 15 TALLAHASSEE FL 32317-3678	
TALLAHASSEE FL 32308 US 2 Data legges	DO NOT WRITE IN THIS SPACE
12/23/19	rated or Qualified 94
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-3296 Suite, Apt. #, etc.	···=··- · · · · · · · · · · · · · · · ·
5. Certificate of	Status Desired Status Desired \$8.75 Additional
City & Cinto	Fee Required
City & State 6. Election Cam, Trust Fund Co	, a deite may be
7:-	
En la	ion owes or has paid the current year Intangible perty Tax due June 30. 🂢 Yes 🔲 No
	ddress of New Registered Agent
MOODY, HORACE A 81 Name	
1610 CADITAL CIDCLE NE STE 46	
TALLAHASSEE FL 32308	er is not acceptable)
83	
84 City	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 direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ors. I hereby accept the appointment as registered
SIGNATURE Signature typed or printed name of repictined agont and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
Signature typed or printed name of repictined agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CF	DATE HANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing 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 suppliemental 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.