

FILED

Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jun 19 1998 8:00a Secretary of State	
DOCUMENT # D95000005494 1. Corporation Name DIABETIC SUPPLY FOUNDATION OF LABELLE, INC.					
Principal Place of Business 3635 FT. KEIS AVE LABELLE, FL 33935		Mailing Address P.O. Box 98 ALVA, FL 33920		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified 1-20-1995 4. FEI Number 65-0548585 Applied For 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent JOHN LARRIMORE 3635 FT. KEIS AVE. LABELLE, FL 33935			10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code		
11. Pursuant to the provisions of Sections 607.0503 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: <i>John Larrimore</i> JOHN LARRIMORE (NOTE: Register an Agent for office required when resigning) DATE:					
12. OFFICERS AND DIRECTORS 11. TITLE ☒ DELETE NAME D. TANENBAUM, ROGER 12. STREET ADDRESS 7605 HWY. 80 13. CITY-ST-ZIP LABELLE, FL 14. TITLE ☐ DELETE NAME LARRIMORE, JOHN 15. STREET ADDRESS 7605 HWY 80 16. CITY-ST-ZIP LABELLE, FL 17. TITLE ☐ DELETE NAME 18. STREET ADDRESS 19. CITY-ST-ZIP 20. TITLE ☐ DELETE NAME 21. STREET ADDRESS 22. CITY-ST-ZIP 23. TITLE ☐ DELETE NAME 24. STREET ADDRESS 25. CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE ☐ Change ☐ Add on 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 15. TITLE ☒ Change ☐ Addition 16. NAME D-P JOHN LARRIMORE 17. STREET ADDRESS 3635 FT. KEIS AVE 18. CITY-ST-ZIP LABELLE, FL 33935 19. TITLE ☐ Change ☒ Addition 20. NAME SECRETARY 21. STREET ADDRESS PATTY LARRIMORE 22. CITY-ST-ZIP 3635 FT KEIS AVE 23. CITY-ST-ZIP LABELLE, FL 33935 24. TITLE ☐ Change ☐ Addition 25. NAME 26. STREET ADDRESS 27. CITY-ST-ZIP 28. TITLE ☐ Change ☐ Addition 29. NAME 30. STREET ADDRESS 31. CITY-ST-ZIP 32. TITLE ☐ Change ☐ Addition 33. NAME 34. STREET ADDRESS 35. CITY-ST-ZIP 36. TITLE ☐ Change ☐ Addition 37. NAME 38. STREET ADDRESS 39. CITY-ST-ZIP 40. TITLE ☐ Change ☐ Addition 41. NAME 42. STREET ADDRESS 43. CITY-ST-ZIP 44. TITLE ☐ Change ☐ Addition 45. NAME 46. STREET ADDRESS 47. CITY-ST-ZIP 48. TITLE ☐ Change ☐ Addition 49. NAME 50. STREET ADDRESS 51. CITY-ST-ZIP 52. TITLE ☐ Change ☐ Addition 53. NAME 54. STREET ADDRESS 55. CITY-ST-ZIP 56. TITLE ☐ Change ☐ Addition 57. NAME 58. STREET ADDRESS 59. CITY-ST-ZIP 60. TITLE ☐ Change ☐ Addition 61. NAME 62. STREET ADDRESS 63. CITY-ST-ZIP 64. TITLE ☐ Change ☐ Addition 65. NAME 66. STREET ADDRESS 67. CITY-ST-ZIP 68. TITLE ☐ Change ☐ Addition 69. NAME 70. STREET ADDRESS 71. CITY-ST-ZIP 72. TITLE ☐ Change ☐ Addition 73. NAME 74. STREET ADDRESS 75. CITY-ST-ZIP 76. TITLE ☐ Change ☐ Addition 77. NAME 78. STREET ADDRESS 79. CITY-ST-ZIP 80. TITLE ☐ Change ☐ Addition 81. NAME 82. STREET ADDRESS 83. CITY-ST-ZIP 84. TITLE ☐ Change ☐ Addition 85. NAME 86. STREET ADDRESS 87. 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