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FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000016570 (0)

1. Corporation Name
ECOTOXICOLOGY LABORATORIES, INC.

Principal Place of Business

5200 BRITTANY DR. S.
APT 909
ST. PETERSBURG FL 33715
US

Mailing Address

5200 BRITTANY DR. S.
APT 909
ST. PETERSBURG FL 33715
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1995

4. FEI Number

59-3294661

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 RT 12 BOX 66

Suite, Apt. #, etc.

22 City & State

23 Lake City FL

24 Zip

32025

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SAME

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

TALIAFERRO, ELEANOR E
5200 BRITTANY DR. S.
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

EDWARD H. TALIAFERRO

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

RT 12 BOX 66

83 City

Lake City FL

84 State

FL

85 Zip Code

32025

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 Edward H. Taliaferro

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

BREWER, LARRY W

STREET ADDRESS

69330 DEAR RIDGE LANE

CITY-ST-ZIP

SISTERS OR 97759

TITLE

VSD

☐ DELETE

NAME

TALIAFERRO, LINDSAY C

STREET ADDRESS

5075 WHITE ROAD

CITY-ST-ZIP

BROOKSVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 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:

L.C. TALIAFERRO
DIRECTOR

2/26/98

336-376-0141

Daytime Phone # 0395117

CR2E034 (10/97)