

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000077609 (2)

1. Corporation Name

SOUTHERN OTHOTIC LABORATORY, INC.

Principal Place of Business

16281 PERDIDO KEY DRIVE  
SUITE W101  
PENSACOLA FL 32507

Mailing Address

16281 PERDIDO KEY DRIVE  
SUITE W101  
PENSACOLA FL 32507



3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 500 MEADISON PL

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PENSACOLA, FL

24 Zip

32506

Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

TOLBERT, RICHARD J  
16281 PERDIDO KEY DRIVE  
SUITE W101  
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME TOLBERT, RICHARD J  
STREET ADDRESS 16281 PERDIDO KEY DRIVE, #W101  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ DELETE  
NAME TOLBERT, RICHARD J  
STREET ADDRESS 16281 PERDIDO KEY DRIVE, #W101  
CITY-ST-ZIP PENSACOLA FL 32507

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 PRESIDENT/DA ☒ Change ☐ Addition  
1.2 NAME TOLBERT, RICHARD J  
1.3 STREET ADDRESS 16281 PERDIDO KEY DRIVE #W101  
1.4 CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE S/T/D ☐ Change ☒ Addition  
2.2 NAME GREYLOCK, JOSEPH  
2.3 STREET ADDRESS 500 MEADISON PLACE  
2.4 CITY-ST-ZIP PENSACOLA FL 32506

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition  
4.1 TITLE  
4.2 NAME

4.3 STREET ADDRESS ☐ Change ☐ Addition  
4.4 CITY-ST-ZIP  
5.1 TITLE

5.2 NAME ☐ Change ☐ Addition  
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 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:

RICHARD J. TOLBERT

4/29/96 (904) 492-3797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)