## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000038441 (7)**

SUBSTANCE DETECTION SPECIALISTS, INC.

Mailing Address Principal Place of Business 8226 WESTMINISTER ROAD 6226 WESTMINISTER ROAD PUNTA GORDA FL 33982-3141 PUNTA GORDA FL 33982 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0665437 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Country Zip Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRIFFIN, EDWARD E 6226 WESTMINISTER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33982 83 City 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 Suprature, typed or proted name of registered agent and title it applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition 1.1 Title TifU GRIFFIN, EDWARD E CR2E034 1.2 NAME MAME **6226 WESTMINISTER ROAD** 1.3 STREET ADDRESS STREET ADORESS **PUNTA GORDA FL 33982** 1.4 CITY-ST-ZIP CITY-ST DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST- ZIF DELETE Change Addition 31 TITLE Titul 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP GHY- ST 20-DELETE Change Addition 4.1 TIFLE TATLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHIY-SI-ZIP DELETE ☐ Change Addition THE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - \$1 - 201 DELETE Change Addition

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this Iding 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