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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000060048**1. Corporation Name

LINKS ANALYTICAL, INC.

| e of Business | Mailing Address | | | | I (EditEd) to the authority and any | | | | |
|---|---|---|--|---|---|--|--|---|--|
| 1748 ASTON HALL DR. E. 3545-1 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32246-0640 STE. 300 JACKSONVILLE FL 32224 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/15/1996 | | | | | | |
| Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | App | lied For | |
| | 26 | | | | 59-3394401 | | | Applicable | |
| #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | | |
| - | | | | | 6 Flastice Compaign Financing | | | | |
| te . | ├ ¬ ' | | | | Trust Fund Contribution | | | | |
| Country | Zip Country | | | 8. This corporation owes the current year Int | angible | | 1 | | |
| Zip Country Zip Countr 4 25 29 30 | | | | | Personal Property Tax. | | | | |
| 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered | Agent | | | |
| Ger, David M Third St 5 Tune Beach FL 32266 | | 8 | 3 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| | | 8 | 4 | City | FL | 85 | Zip C | ode | |
| registered agent or both in the State | e of Florida. Such change was auti | norizea o | IV INE | corporatio | on's board of directors. I hereby accept the appoint | ritment | as reg | istered | |
| Signature, typed or printed name of registered age OFFICERS Al | ent and title if applicable. (NOTE: R ND DIRECTORS | Registered Ag | | gnature required | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF | | | | |
| Signature, typed or printed name of registered age | | | gent siç | gnature required | a trioti temetering, | ND DIRI | | RS IN 12 | |
| Signature, typed or printed name of registered age OFFICERS AI P COLEMAN, RONALD L 1748 ASTON HALL DR. E. | ND DIRECTORS | 13. | gent siç | DRESS | a trioti temetering, | | | | |
| Signature, typed or printed name of registered age OFFICERS AI P COLEMAN, RONALD L | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STRE | gent sig E E EET AD | DRESS | a trioti temetering, | | ange | | |
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| | ALL DR. E. F. 32246-0640 Place of Business #, etc. te Country 25 9. Name and Address of Curre XER, DAVID M THIRD ST 5 TUNE BEACH FL 32266 to the provisions of Sections 607.05 registered agent, or both in the State | ALL DR. E. FL 32246-0640 STE. 300 JACKSONVILLE FL 32224 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 te City & State 28 Country Zip Zip Zip 29 9. Name and Address of Current Registered Agent SER, DAVID M THIRD ST 5 TUNE BEACH FL 32266 Ito the provisions of Sections 607,0502 and 607,1508, Florida Statutes registered agent or both in the State of Florida. Such change was aut | ALL DR. E. 3545-1 ST. JOHNS BLUFF RD. STE. 300 JACKSONVILLE FL 32224 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 te City & State 28 Country Zip Count 29 30 9. Name and Address of Current Registered Agent SER, DAVID M THIRD ST 5 TUNE BEACH FL 32266 It to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abore registered agent or both, in the State of Florida, Such change was authorized to sections 607.0502 and 607.1508, Florida Statutes, the abore registered agent or both, in the State of Florida, Such change was authorized to sections 607.0502. | ALL DR. E. 3545-1 ST. JOHNS BLUFF RD. STE. 300 JACKSONVILLE FL 32224 US | ALL DR. E. FL 32246-0640 STE. 300 JACKSONVILLE FL 32224 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 te City & State 28 Country Zip Country Zip Country Zip Country Zip Country All Name SER, DAVID M THIRD ST 5 TUNE BEACH FL 32266 84 City Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corperencistered agent or both in the State of Florida. Such change was authorized by the corporation. | Mailing Address MalL DR. E. 3545-1 ST. JOHNS BLUFF RD. STE. 300 JACKSONVILLE FL 32224 US JACKSON JAC | Mailing Address IALL DR. E. FI. 32246-0640 STE. 300 JACKSONVILLE FL 32224 US 3. Date Incorporated or Qualifed 07/15/1996 4. FEI Number 59-3394401 F. Suite, Apt. #, etc. City & State 28 Country Zip Country Zip Country Zip Country 3. Country Zip Country Acc Country Acc Personal Property Tax. Yes 9. Name and Address of Current Registered Agent THIRD ST 5 TUNE BEACH FL 32266 Mailing Address 4. FEI Number 59-3394401 State 6. Election Campaign Financing Trust Fund Contribution Acc Personal Property Tax. Yes Street Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 TUNE BEACH FL 32266 | Mailing Address AdLL DR. E. 3545-1 ST. JOHNS BLUFF RD. STE. 300 JACKSONVILLE FL 32224 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1996 4. FEI Number App. #. etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country 3. Date Incorporated or Qualified 59-3394401 Name Country Fee Rec City & State Country Zip Country Added to Personal Property Tax. Personal Property Tax. Street Address of New Registered Agent THIRD ST Street Address (P.O. Box Number is Not Acceptable) Street Address of Status Desired Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above and corporation submits this statement for the purpose of changing its receivistered 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 requisitered 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 requisitered 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 requisitered agent. | |

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

904 641-4766

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90013 005 ***550.00

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