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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🤰

FILED

Jun 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PS 1. Corporation Name: # PS GULFSTREAM LABORATO	97000092710 (7 DRIES, INC.	")	
Principal Place of Business	Mailing Address		
1208 N. HOWARD AVE. TAMPA FL 33607	1208 N. HOWARD AVE TAMPA FL 33607		
			DO NOT WRITE IN THIS SPACE
			3, Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address		10/27/1997 4. FEI Number Applied For
	26		59-3509723 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
	[27]		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country	28 Z ₀	Country	Trust Fund Contribution
25	29	30	R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	ss of Current Registered Agent	130	10. Name and Address of New Registered Agent
CARSON, NOEL W		81 Name	
1208 N. HOWARD AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
TAMPA FL 33607			
		83	
		84 City	FL 85 Zip Code
agent. Lam familiar with, and accessing agents are supported to the support of th	ept the civigations of, Section 607.0505,	Florida Statutes. NOTE Registered Agent signature requ	
	FLICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
ITLE PRESIDENT DONALD LA		1 1 DILE 1 2 NAME	Change Nation
TREET ADDRESS 6 H 13 CALM		1.3 STREET ADDRESS	
HY-ST-ZH SAR	450 TA, 46 34243	1.4 CHY - S1 - ZIP	
HILE ROOK AG	DUBLIE	2.1 T(I),E	Change Addition
IAME	DECEMBER OF THE PARTY OF THE PA	2.2 NAME	
TREET ADDRESS	TO THE STATE OF TH	2.3 STHEET ADDRESS	
HY-S1-7IP		2 4 Ci!Y-SI 7iP	Change Addition
THE Secretal	DARCON LIGHTE	3 1 THUE	L] Grange L] Adminor
AME NOELW.	HOWARD AVE	3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS 1208 71. SITY-ST-ZIP TAMPA	71 33607	3.4. CHY- S1- ZIP	
ITLE	otiete	41 THUE	Change Addition
IAME		4 2 NAME	
TREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIF		4.4 CHY-51-7IP	
ITLE	L_ DETETE	5 1 INLE	☐ Change ☐ Addition
AME		5.2 NAME	
TREET ADDRESS		5 3 STREET ADDRESS	
ITY-ST-ZIP	DELETE	54 CHY-SI-ZIP 61 THLE	Change Addition
IAME		6.2 NAME	, _
TREET ADDRESS		6 3 STREET ADDRESS	
STY-ST-ZIF		6.4 CITY- ST- ZIP	
 indicated on this annual report or officer or director of the corporation 	supplemental annual report is true and a	accurate and that my signat	n Section 119.07(3)(i), Florida Statutes. I further certily that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in