


... FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**

**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90018 001 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000073529**

1. Corporation Name  
**DRUG SCREENS, INC.**

Principal Place of Business ROUTE 10 BOX 175 (3200 PONCE DE LEON) LAKE CITY FL 32025	Mailing Address ROUTE 10 BOX 175 (3200 PONCE DE LEON) LAKE CITY FL 32025
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/21/1998</b>	
4. FEI Number <b>59-3530762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1402 West Duval St.</b> Suite, Apt. #, etc. <b>Lake City, FL</b> City & State <b>32055</b> <b>Columbia</b> Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**HALEY, WILLIAM J**  
**10 NORTH COLUMBIA STREET**  
**LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ADDRESS	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	ROSS, CATHERINE C	1.2 NAME			
	ROUTE 12, BOX 750	1.3 STREET ADDRESS			
	LAKE CITY FL 32025	1.4 CITY-ST-ZIP			
		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ADDRESS	D <input type="checkbox"/> DELETE	2.2 NAME			
	MURPHY, PATRICIA	2.3 STREET ADDRESS			
	ROUTE 10, BOX 175	2.4 CITY-ST-ZIP			
	LAKE CITY FL 32025	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

I 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 in 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Murphy* President **4-5-99** **904-7196843**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)