09221999-90012-048-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750)

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -6 AM 9:33

DOCUMENT # P98000079201

1. Corporation Name

ACUCAL LABS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1499 HILLIARD FL 32046	P.O. BOX 1499 HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3537148 ☐ Applied For ☐ Not Applicable

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 owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LUDWIGS, JEFFREY R P.A.
6620 SOUTHPOINT DR. S., STE. 200
JACKSONVILLE FL 32216

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TORRIBLE, FREDERICK D	1.2 NAME	
STREET ADDRESS	P.O. BOX 1499 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL 32046	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$10/18

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.

SIGNATURE: J. Torrible REQUIRED 9-15-99 904-845-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)