

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAR 27 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/24/1991	3a. Date of Last Report 04/01/1994
4. FEI Number 59-3079274	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 has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No	

DOCUMENT # **S47806** (2)
1. Corporation Name
TJS LAB, INC.Principal Place of Business
**5104 NORTH ORANGE BLOSSOM TRAIL
STE. #200
ORLANDO FL 32810
US**
Mailing Address
**P.O. BOX 585366
ORLANDO FL 32858
US**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**WILLIS, DAVID C.
MATEER, HERBERT & BATES, P.A.
225 E. ROBINSON ST., SUITE 600
ORLANDO FL 32802**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	JOHNSON, THOMAS L.	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	4555 HERITAGE OAKE DR.	1.2 NAME	
CITY - ST - ZIP	ORLANDO FL	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODWARD, EVA	2.2 NAME	
STREET ADDRESS	7531 LODGE POLE TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, LORRAINE	3.2 NAME	
STREET ADDRESS	1731 FRUITLAND DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, RON	4.2 NAME	
STREET ADDRESS	140 EASTERN FORK	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, PAUL	5.2 NAME	
STREET ADDRESS	1731 FRUITLAND DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: *Paul Turner* **PAUL TURNER** 7-22-95 417 292-11708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Office Phone #)