PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **\$47806**

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90082 039 ***150.00

 Corporation 	n Name							
TJS LAB, INC.								
						<u>ii) eiri airi airi e</u>		
Principal Place		Mailing Address			ļ			
4555 HERITAGE OAK DR P.O. BOX 585366 STE.#200 ORLANDO FL 32858								
STE.#200 ORLANDO FL 32858 ORLANDO FL 32808 US					DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed	,		
					04/24/1991			
2. Principal P	lace of Business	2a. Mailing Address	. 1		4. FEI Number		olied For	
1 <i>780 D</i>	ELTONG BLUD		111760	2 OHK	DX 59-3079274		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	·	5. Certifcate of Status Desired	\$8.75 A Fee Rec		
City & Stat	BUR.FL (COUNTY)	City & State	FI	Court	6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to		
3) <i>[] Z P] (</i> Zip	Country Volus In	Zip	Countr	OKTI	8. This corporation owes the current year	Intangible		
7347	25 1/5A	29 37-808	30 4	1519	Personal Property Tax.		□No _	
- ////	9. Name and Address of Current				10. Name and Address of New Register	ed Agent		
			8	1 Name				
	JS, DAVID C.		8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		-	
Mateer, Harbert & Bates, P.A.				Gilderina	raisss (1.6. Sox (tallies to treatment)			
225 E. ROBINSON ST., SUITE 600			8	3				
ORL	ANDO FL 32802		8	4 City		85 Zip C	ode	
				' '	propriation submits this statement for the purpose	-L.		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	ark alginatara roqu	arred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition Addition	
NAME	JOHNSON, THOMAS L.		1.2 NAME					
STREET ADDRESS	4555 HERITAGE OAKE DR.			ET ADORESS				
CITY+ST+ZIP	ORLANDO FL		1.4 CITY-			☐ Change	Addition	
TITLE	D DELETE		2.1 TITLE	1		Change	Addition	
NAME	WOODWARD, EVA		2.2 NAME	ŀ				
STREET ADDRESS	7531 LODGE POLE TRAIL			ET ADDRESS		-		
CITY-ST-ZIP	WINTER PARK-FL	☐ DELETE	2.4 CITY		7	Change	Addition	
TITLE	D THIDNED LODDAINE		3.1 IIILE	؛	TURNER LORRAINE 32 ROSE DOWN BLUD DEBARY, FL 32713			
NAME	TURNER, LORRAINE 1731 FRUITLAND DRIVE			ET ADDRESS	32 ROSE DOWN BLVD_			
STREET ADDRESS	DELTONA FL		3.4. CITY	.ST-7IP	DE RNEY . FL 327/3			
C/TY-ST-ZIP TITLE	D DELTONA FL	☐ DELETE	4.1 TITLE	01-EII	The state of the s	Change	☐ Additio	
NAME	DAVIDSON, RON	_	4. 2 NAM					
STREET ADDRESS	140 EASTERN FORK			ET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-		_			
TITLE	D	☐ DELETE	5.1 TITLE		D	Change	☐ Additio	
NAME	TURNER, PAUL		5.2 NAME	<u> </u>	THENER, PANT 32 ROSEDOWN BLN DEBARY, FL 32713			
STREET ADDRESS	1731 FRUITLAND DRIVE		5.3 STRE	ETADDRESS	32 ROSEDOWN BY			
CITY-ST-ZIP	DELTONA FL		5.4 CITY-	ST-ZIP	DEBARY, FL 32/13			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Additio	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STRE	ET ADDRÉSS				
CITY, ST. 7ID			6.4 CITY-	ST-ZIP				

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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

49-99 Date 407 8to -7300

CR2E034 (11/98) ____