

• FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S88268** (5)

1. Corporation Name

BIO-ANALYTIC LABORATORIES, INC.



Principal Place of Business

**3481 PALM CITY SCHOOL RD
P.O. BOX 388
PALM CITY FL 34990**

Mailing Address

**3481 PALM CITY SCHOOL RD
P.O. BOX 388
PALM CITY FL 34990**

3. Date Incorporated or Qualified

10/18/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **1070 E. Indiantown Rd.**

22 City & State **27** **208**

23 Zip **28** **Jupiter, FL**

24 Country **25** **33477** **30** **US**

4. FEI Number

65-0306130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARRY, WILLIAM J
3481 SW PALM CITY SCHOOL RD
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name

Vicki J. Lavache

82 Street Address (P.O. Box Number is Not Acceptable)

1070 E. Indiantown Road, #208

83

84 City

Jupiter

FL

85

33477

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 607.0502, Florida Statutes.

SIGNATURE

Vicki J. Lavache

4/29/96

Signature, typed or printed name of registered agent, and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **BARRY, WILLIAM J**
STREET ADDRESS **3481 PALM CITY SCHOOL RD**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ DELETE

NAME **MACHALE, SEAN**
STREET ADDRESS **3481 SW PALM CITY SCHOOL**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE

NAME **WILLIAM C. HERNDON, JR.**
STREET ADDRESS **668 VOCELLE AVENUE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

Secretary-Treasurer

☐ Change

☒ Addition

1.2 NAME

Vicki J. Lavache

1.3 STREET ADDRESS

1070 E. Indiantown Road, #208

1.4 CITY-ST-ZIP

Jupiter, FL 33477

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

John O'Keefe

2.3 STREET ADDRESS

1070 E. Indiantown Road, #208

2.4 CITY-ST-ZIP

Jupiter, FL 33477

3.1 TITLE

P/D

☒ Change

☐ Addition

3.2 NAME

FLOYD D. WILKINSON, SR.

3.3 STREET ADDRESS

1070 E. Indiantown Road, #208

3.4 CITY-ST-ZIP

Jupiter, FL 33477

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

FLOYD D. WILKINSON, SR.

4.3 STREET ADDRESS

1070 E. Indiantown Road, #208

4.4 CITY-ST-ZIP

Jupiter, FL 33477

5.1 TITLE

5.2 NAME

☐ Change

☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change

☐ Addition

6.3 STREET ADDRESS

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 119.07(3)(k), 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:

Vicki J. Lavache

4/26/96

407-575-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)