

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S99403** (5)

1. Corporation Name

CERTICORP LABORATORIES, INC.



Principal Place of Business

**P.O. BOX 2927
WINTER HAVEN FL 33880**

Mailing Address

**P.O. BOX 2927
WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified
12/11/1991

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3097778

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCKWOOD, DOUGLAS A., III
141 5TH ST. N.W.
SUITE 300
WINTER HAVEN FL 33881**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
DPT	BURKE, MARTHA	450 STATE RD 540 W	WINTER HAVEN FL	<input type="checkbox"/>
VPD	MARGUARDT, STEVE	450 STATE RD 540 W.	WINTER HAVEN FL	<input checked="" type="checkbox"/>
VPD	HAZELWOOD, HARRY W.	450 STATE RD 540 W.	WINTER HAVEN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY-STATE-ZIP	2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY-STATE-ZIP	3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY-STATE-ZIP	4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY-STATE-ZIP	5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY-STATE-ZIP	6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY-STATE-ZIP
VPD	G.F. Clark	450 State Road 540 W.	WINTER HAVEN, FL 33883																				

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96
Date

941/299-4238
Telephone Number

CR2E034 (12/95)