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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V44034

1. Corporation Name
SANDERS LABORATORIES INC.

Principal Place of Business
1050 ENDEAVOR CT
NOKOMIS FL 34275
US

Mailing Address
1050 ENDEAVOR CT
UNIT I
NOKOMIS FL 34275
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

SANDERS, DEBRA A
625 N TAMiami TRAIL
UNIT I
NOKOMIS FL 34275

2a. Mailing Address

26 1050 Endeavor Ct.

27 Suite, Apt. #, etc.

28 City & State

Nokomis, FL

29 Zip

34275

Country

30 US

4. FEI Number

65-0336313

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 Tax.

□ Yes

□ No

10. Name and Address of New Registered Agent

81 Name

Sanders, Debra A.

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

1050 Endeavor Ct.

83

84 City

Nokomis

FL

85 Zip Code

34275

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	D	□ DELETE
NAME	SANDERS, DEBRA A	
STREET ADDRESS	1050 ENDEAVOR CT	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	□ Change	□ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	□ Change	□ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	□ Change	□ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	□ Change	□ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	□ Change	□ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	□ Change	□ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Debra A. Sanders

Date

Daytime Phone #

1/19/99

941-488-8103

CR2E034 (11/98)