FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:54

DOCUMENT # **V51273** **(3)**

1. Corporation Name
FARCHAN LABORATORIES, INC.

Principal Place of Business	Mailing Address
2603 NW 74TH PLACE GAINESVILLE FL 32606	2603 NW 74TH PLACE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-3134882 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARD, PETER H
4001 NEWBERRY ROAD
SUITE C-1
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: JOHN COCHRAN
82 Street Address (P.O. Box Number is Not Acceptable): 2603 N. W. 74th PLACE
83
84 City: GAINESVILLE FL 85 Zip Code: 32653-1207

11. Pursuant to the provisions of Section 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: JOHN COCHRAN DATE: 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	COCHRAN, JON	1.2 NAME	Name should be John not Jon
STREET ADDRESS	2603 NW 74TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	32653-1207
TITLE		2.1 TITLE	C/D ☐ Change ☒ Addition
NAME		2.2 NAME	VOLKER G. OAKEY
STREET ADDRESS		2.3 STREET ADDRESS	213 S.W. COLUMBIA ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BEND OR 97702-8727
TITLE		3.1 TITLE	S/D ☐ Change ☒ Addition
NAME		3.2 NAME	HOWARD ALLRED
STREET ADDRESS		3.3 STREET ADDRESS	213 S.W. COLUMBIA ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BEND OR 97702-8727
TITLE		4.1 TITLE	AS ☐ Change ☒ Addition
NAME		4.2 NAME	L. JANELL WALKO
STREET ADDRESS		4.3 STREET ADDRESS	2603 N.W. 74 H PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GAINESVILLE FL 32653-1207
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: L. Janell Walko L. Janell Walko 3/27/95 904-378-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0096184 CR