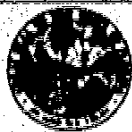


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V51273 (3)

1. Corporation Name

FARCHAN LABORATORIES, INC.

Principal Place of Business

2803 NW 74TH PLACE
GAINESVILLE FL 32608

Mailing Address

2803 NW 74TH PLACE
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

03/30/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

4. FEI Number

58-3134882

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

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 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 reappointing)

DATE

JOHN COCHRAN

3/27/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COCHRAN, JON

STREET ADDRESS

2603 NW 74TH PLACE

CITY - ST - ZIP

GAINESVILLE FL 32653

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P/D
Name should be
John not Jon

32653-1207

C/D

VOLKER G. OAKLEY

213 S.W. COLUMBIAS ST

BEND OR 97702-8727

S/D

HOWARD ALRED

213 S.W. COLUMBIAS ST

BEND OR 97702-8727

AS

JANELL WALKO

2603 N.W. 74TH PLACE

GAINESVILLE FL 32653-1207

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

Date

Signature Press