

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # V51273 (3)

1. Corporation Name

FARCHAN LABORATORIES, INC.

Principal Place of Business

2603 NW 74TH PLACE
GAINESVILLE FL 32606

Mailing Address

2603 NW 74TH PLACE
GAINESVILLE FL 32606

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 32653

29 32653

30

9. Name and Address of Current Registered Agent

COCHRAN, JOHN
2603 N.W. 74TH PLACE
SUITE C-1
GAINESVILLE FL 32653

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/05/1995

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

10. Name and Address of New Registered Agent

1. Name

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

3.

4. 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 (Applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COCHRAN, JOHN
STREET ADDRESS 2603 NW 74TH PLACE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE CD
NAME OAKLEY, VOLKER G
STREET ADDRESS 213 SW COLUMBIA ST
CITY-ST-ZIP BEND OR ☐ DELETE

TITLE SD
NAME ALLRED, HOWARD
STREET ADDRESS 213 S.W. COLUMBIA ST
CITY-ST-ZIP BEND OR ☐ DELETE

TITLE AS
NAME WALKO, L. J
STREET ADDRESS 2603 NW 74TH PLACE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

4-28-96 352-370-5864

CR2E034 (12/95)