

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51273 (3)

1. Corporation Name  
FARCHAN LABORATORIES, INC.

Principal Place of Business  
2603 NW 74TH PLACE  
GAINESVILLE FL 32653  
US

Mailing Address  
2603 NW 74TH PLACE  
GAINESVILLE FL 32653  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/16/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 213 S.W. Columbia St.  
Suite, Apt. #, etc.  
22  
City & State  
23 Bend, Oregon  
Zip  
24 97702-1013  
Country  
25 USA  
2a. Mailing Address  
26 213 S.W. Columbia St.  
Suite, Apt. #, etc.  
27  
City & State  
28 Bend, Oregon  
Zip  
29 97702-1013  
Country  
30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
WARD, Peter H.  
82 Street Address (P.O. Box Number is Not Acceptable)  
41001 Newberry Rd  
83 Suite C-1  
84 City  
GAINESVILLE FL 85 Zip Code  
32607

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

1/26/98

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COCHRAN, JOHN	
STREET ADDRESS	2603 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OAKLEY, VOLKER G	
STREET ADDRESS	213 SW COLUMBIA ST	
CITY-ST-ZIP	BEND OR	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KATZ, LARRY	
STREET ADDRESS	213 S.W. COLUMBIA ST.	
CITY-ST-ZIP	BEND OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	213SW COLUMBIA ST
1.4 CITY-ST-ZIP	BEND OR 97702
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	97702
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	97702
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE OF JOHN COCHRAN

1/15/98 541-317-2252

CR2E034 (10/97)