

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P36488

1. Entity Name
LABORATORY SUPPLY COMPANY



Principal Place of Business
**3069 MERCURY RD
 JACKSONVILLE, FL 32207 US**

Mailing Address
**P.O. BOX 9289
 LOUISVILLE, KY 40209 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **61-0732657** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000077708
 03/05/04-80054-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CP
 DAVIS, CHARLES E SR
 250 OTTAWA AVENUE
 LOUISVILLE, KY 40217**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 DAVIS, CHARLES E JR
 250 OTTAWA AVENUE
 LOUISVILLE, KY 40217**

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

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Davis Sr Date: 1-13-04 Daytime Phone #: 502-363-1891