

ANNUAL REPORT

1995

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

1995 APR 12 AM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P36488(5)

1. Corporation Name

LABORATORY SUPPLY COMPANY

Principal Place of Business

Mailing Address

P. O. BOX 17009
LOUISVILLE, KY
40217-0009

P. O. BOX 17009
LOUISVILLE, KY
40217-0009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/25/91

3a. Date of Last Report
5/1/94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

61-0732657

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

24

25

Country

29

Zip

30

Country

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/P
NAME DAVIS, CHARLES E., SR.
STREET ADDRESS 4904 COOPER CHAPEL ROAD
CITY- ST- ZIP LOUISVILLE, KY 40217

1.1 TITLE C/P
1.2 NAME DAVIS, CHARLES E., SR.
1.3 STREET ADDRESS 250 OTTAWA AVENUE
1.4 CITY- ST- ZIP LOUISVILLE, KY 40217
 Change Addition

TITLE D/S/T
NAME DAVIS, CHARLES E., JR.
STREET ADDRESS 4904 COOPER CHAPEL ROAD
CITY- ST- ZIP LOUISVILLE, KY 40217

2.1 TITLE D/S/T
2.2 NAME DAVIS, CHARLES E., JR.
2.3 STREET ADDRESS 250 OTTAWA AVENUE
2.4 CITY- ST- ZIP LOUISVILLE, KY 40217
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
800001455968
-04/13/95--01068--015
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Date 4/12/95
 Change Addition

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 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 only in attachment if with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE

SYSTEM FEE #

CHARLES E. DAVIS, SR.

4-3-95