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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000040565 (1)**

1. Corporation Name
T2 LABORATORIES INC.

Principal Place of Business

**1867 CARAVAN TRAIL
BLDG 101
JACKSONVILLE FL 32216
US**

Mailing Address

**8378 ARLINGTON EXPY
SUITE 358
JACKSONVILLE FL 32225-8213
US**

2. Principal Place of Business

21 **1830 CLARKSON ST**

Suite, Apt. #, etc.

22

City & State

23 **JACKSONVILLE FL**

Zip

Country

24 **32202**

25 **US**

2a. Mailing Address

26 **1830 CLARKSON ST**

Suite, Apt. #, etc.

27

City & State

28 **JACKSONVILLE FL**

Zip

Country

29 **32202**

30 **US**

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

08/07/1996

4. FEI Number

59-3251715

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

9. Name and Address of Current Registered Agent

**WYATT, MARION F
429 PABLO POINT DRIVE
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

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
officer 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

TITLE ☐ DELETE
NAME **PD WYATT, MARION F**
STREET ADDRESS **429 PABLO POINT DRIVE**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **VD GALLAGHER, R SCOTT**
STREET ADDRESS **1620 KINGSWOOD RD**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **S WYATT, JULIE F**
STREET ADDRESS **429 PABLO POINT DRIVE**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **T GALLAGHER, GWENDOLYN I**
STREET ADDRESS **1620 KINGSWOOD RD**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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: *Gwendolyn F. Gallagher* **GWENDOLYN F. GALLAGHER** 25 APR 97 (904) 632-2172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)