

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:20

**DOCUMENT # P94000093569 (9)**

1. Corporation Name

LAB, INC.

Principal Place of Business

Mailing Address

340 N ORANGE AVE  
ORLANDO FL 32801

340 N ORANGE AVE  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/28/1994

4. FEI Number Applied For  
59-3294105 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Quantity

29

Zip

Quantity

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, THOMAS R  
340 N ORANGE AVE  
ORLANDO FL 32801

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 of 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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

D  
BUTTREY, SCOTT E  
31024 PEBBLE BEACH RD  
ORLANDO FL 32801

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST. ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST. ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST. ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST. ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST. ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST. ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST. ZIP

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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Scott E. Buttrely*

(Type or printed name of signing officer or director)

MAY 10, 1995

(Type or printed name)