

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

FILED
Mar 25 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 # **392563** (3)

1. Corporation Name
TECHNICAL SERVICES LABORATORY, INC.



Principal Place of Business
**95 READY AVE
 FT WALTON BEACH FL 32548**

Mailing Address
**95 READY AVE
 FT WALTON BEACH FL 32548-3848**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1971	3a. Date of Last Report 01/23/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1367993	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.03? <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CORBIN, ALFRED
 402 VALERIA ST.
 FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 to that 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CORBIN, WILL F	12. NAME	
STREET ADDRESS	205 FAIRFIELD DRIVE	13. STREET ADDRESS	
CITY - ST - ZIP	YORKTOWN VA	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	21. TITLE	
NAME	D BLUME, SUSAN CORBIN	22. NAME	
STREET ADDRESS	417 HUTCHINSON STREET	23. STREET ADDRESS	
CITY - ST - ZIP	VISTA CA	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CORBIN, ANDREW J	32. NAME	
STREET ADDRESS	9 SHADY LANE	33. STREET ADDRESS	
CITY - ST - ZIP	MARY ESTHER FL	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41. TITLE	
NAME	D CORBIN, LOIS	42. NAME	
STREET ADDRESS	402 VALERIA ST	43. STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BCH, FL 00000	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CORBIN, ALFRED	52. NAME	
STREET ADDRESS	402 VALERIA ST	53. STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BCH, FL 00000	54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST GORDON, JULIA CORBIN	62. NAME	
STREET ADDRESS	124 DESTINDR	63. STREET ADDRESS	357 ECHO CIRCLE
CITY - ST - ZIP	FT. WALTON BEACH FL	64. CITY - ST - 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)(c), Florida Statutes. I further certify that the information provided 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 and this is a true and correct copy of the original; or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Julia C. Gordon* **JULIA C. GORDON** 3/19/97 (904) 243-3722

CR2E034 (9/96)