

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

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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 392563

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1971	
21		26		4. FEI Number 59-1367993	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <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)	261 VENTURA CIRCLE
				83.	
				84. City	FT. WALTON BCH. FL
				85. Zip Code	32548

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, WILL F	1.2 NAME	
STREET ADDRESS	205 FAIRFIELD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN VA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUME, SUSAN CORBIN	2.2 NAME	
STREET ADDRESS	417 HUTCHINSON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	VISTA CA	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, ANDREW J	3.2 NAME	
STREET ADDRESS	931 LIGHTHOUSE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, LOIS	4.2 NAME	
STREET ADDRESS	402 VALERIA ST	4.3 STREET ADDRESS	261 VENTURA CIRCLE
CITY-ST-ZIP	FT WALTON BCH, FL 00000	4.4 CITY-ST-ZIP	FT. WALTON BCH., FL 32547
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, ALFRED	5.2 NAME	
STREET ADDRESS	402 VALERIA ST	5.3 STREET ADDRESS	261 VENTURA CIRCLE
CITY-ST-ZIP	FT WALTON BCH, FL 00000	5.4 CITY-ST-ZIP	FT. WALTON BCH., FL 32547
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JULIA CORBIN	6.2 NAME	
STREET ADDRESS	357 ECHO CIRCLE	6.3 STREET ADDRESS	402 VALERIA STREET
CITY-ST-ZIP	FT. WALTON BEACH FL	6.4 CITY-ST-ZIP	FT. WALTON BCH., FL 32547

14. I 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, with all other like empowered.

SIGNATURE: *Julia C. Gordon* JULIA C. GORDON 1/12/99 (850)243-3722

CR2E034 (1/198)