

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1996**



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

**DOCUMENT # M66532 (6)**  
 1. Corporation Name

**RADON TRAC LABORATORIES, INC.**



Principal Place of Business Mailing Address  
**1877 NORTHGATE BLVD SUITE 2 SARASOTA FL 34234 US**

3. Date Incorporated or Qualified **02/01/1988** 3a. Date of Last Report **07/25/1995**  
 4. FEI Number **65-0043954** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

**9. Name and Address of Current Registered Agent**

**BOONE, JEFFERY A.**  
**1001 AVENIDA DEL CIRCO**  
**VENICE FL 34285**

**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 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 of Registered Agent (required when re-registering)

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**  DELETE

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, ALAN</b>	
STREET ADDRESS	<b>1001 AVENIDA DEL CIRCO</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, WILLIAM E</b>	
STREET ADDRESS	<b>1001 AVENIDA DEL CIRCO</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, JEAN G</b>	
STREET ADDRESS	<b>1001 AVENIDA DEL CIRCO</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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

SIGNATURE:

*Alan Hawkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96

94-358-9595

CR2E034 (3/96)