

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -6 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P38986 (6)**  
1. Corporation Name  
**AMGLO KEMLITE LABORATORIES, INC.**

Principal Place of Business: **8787 ENTERPRISE BLVD. LARGO FL 34649**  
Mailing Address: **8787 ENTERPRISE BLVD. LARGO FL 34649**

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |   |                                |
|--------------------------------|--|---------------------|--|---|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date incorporated or Qualified   | 3a. Date of Last Report        |
| 21                             |  | 25                  |  | 05/21/1992  | 08/16/1994                     |
| 22 State, Apt # etc            |  | 27 State, Apt # etc |  | 4. FEI Number   | Approved For                   |
| 23 City & State                |  | 28 City & State     |  | 36-2981045  | Not Applicable                 |
| 24                             |  | 30                  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25                             |  | 31                  |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be Added to Fees    |
| 26                             |  | 32                  |  | 7. This corporation has liability for interstate tax under 1103.013 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                           |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>HYLAND, JAMES H.<br/>1460 GULF BLVD., #903<br/>CLEARWATER FL 34630</b> |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Officer or Director)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-----------------------|--|-----------------------|
| TITLE                      | NAME                  | TITLE  | NAME                  |
| CDP                        | HYLAND, JAMES H.      |  | V.P.                  |
| STREET ADDRESS             | 1460 GULF BLVD., #903 | STREET ADDRESS   | Izabella DURBIN       |
| CITY, ST, ZIP              | CLEARWATER FL         | CITY, ST, ZIP  | 215 GATEWAY RD.       |
|                            |                       |  | BENSENVILLE, IL 60106 |
| D                          | KERCHENFAUT, LARRY A. |  |                       |
| STREET ADDRESS             | 215 GATEWAY RD.       |  |                       |
| CITY, ST, ZIP              | BENSENVILLE IL        |  |                       |
|                            |                       |  |                       |
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|                            |                       |  |                       |
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|                            |                       |  |                       |
|                            |                       |  |                       |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not justify for the revocation stated in Sections 607.0505, Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and correct and that my signature is a true and correct signature as if made in person by me. I am an officer or director of the corporation or the registered agent or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a supplemental report with an address.

SIGNATURE: *L.A. Kerchenfaut* 6/28/95 708/350-9470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)