

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 # 344588 (9)

1. Corporation Name

AMERICAN RADIOCHEMICAL CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 808  
OVIEDO FL 32756-9473  
US

P.O. BOX 808  
OVIEDO FL 32765-8029  
US

3. Date Incorporated or Qualified  
04/15/1969

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 620808

26 P.O. Box 620808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Oviedo FL

28 Oviedo FL

24 Zip Country

29 Zip Country

32762-0808 US

32762-0808 US

4. FEI Number  
59-1229592

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, HAROLD  
106 SHADY OAK LANE  
SANFORD AIRPORT  
OVIEDO FL 32765

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

93 E. High St.

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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME JORDAN, HAROLD D.  
STREET ADDRESS 106 SHADY OAK LANE  
CITY-ST-ZIP OVIEDO FL

TITLE D  
NAME JORDAN, HAROLD D.  
STREET ADDRESS 106 SHADY OAK LANE  
CITY-ST-ZIP OVIEDO FL

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

93 E. High St.

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

93 E. High St.

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

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

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

61 TITLE  
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:

Harold D. Jordan  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 3, 1996

(407) 365-3581