

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 372510 (8)

1. Corporation Name

NORTH AMERICAN TESTING COMPANY

Principal Place of Business

1801 WEST INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114
US

Mailing Address

1801 WEST INTERNATIONAL SPEEDWAY
DAYTONA BEACH FL 32114
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1970

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1319218

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. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUMBLESON, DOYLE
150-A SOUTH PALMETTO AVE
DAYTONA BEACH FL 32114

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD
NAME	SMITH, ROBERT E
STREET ADDRESS	108 SEA ISLAND CIR
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	STD
NAME	FRANCE, JAMES C
STREET ADDRESS	1147 N HALIFAX DR
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	TD
NAME	COMBS, HARRY LEE
STREET ADDRESS	4073 N CHINOOK LN
CITY - ST - ZIP	ORMOND BCH FL
TITLE	SD
NAME	KENNEDY, LESA D.
STREET ADDRESS	1 REVLO BLVD.
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	P
NAME	ALEXANDER, STANTON
STREET ADDRESS	82 RIDGEFIELD PLACE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 4