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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 521746 (8)
1. Corporation Name
CURTIS F. MCKNIGHT TESTING LABORATORIES INC.



Principal Place of Business Mailing Address
7708 E. BROADWAY (TAMPA, FL 33619) 7708 E. BROADWAY (TAMPA, FL 33619)
P O BOX 1106 P O BOX 1106
MANGO FL 33550-8106 MANGO FL 33550-1106

3. Date Incorporated or Qualified 01/06/1977 3a. Date of Last Report 03/12/1996
4. FEI Number 59-1710549 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 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MCKNIGHT, CURTIS F 81 Name
11301 SLIGH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)
SEFFNER FL 33584 83
84 City 85 Zip Code FL

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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKNIGHT, CURTIS F. | 1.2 NAME | |
| STREET ADDRESS | 7708 E. BROADWAY | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL | 1.4 CITY- ST- ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGLISH, VIRGINIA | 2.2 NAME | |
| STREET ADDRESS | 2508 48TH ST | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL | 2.4 CITY- ST- ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKNIGHT, KEN C. | 3.2 NAME | |
| STREET ADDRESS | 3233 WELBORN WAY | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do 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.

SIGNATURE: Virginia English VIRGINIA ENGLISH 1/16/97 (813)626-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)