Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90096 033 ***163.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525986

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ATLANTIC TESTING LABORATORIES, INC.

Principal Place	e of Business	Mailing Address			119 E11) 01911 01811 91911 019	
1861 AVOCADO		POST OFFICE BOX 360813				
MELBOURNE FL 32935		MELBOURNE FL 32936-08: 6		DO NOT WELL	TE IN TH S SPACE	
US		US		3. Date Incorporated or Qualifed	E IN THIS SPACE	
				02/16/1977		
2 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number		App ied For
21		26		59-1722095		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Ac ditional
22		27		5. Certificate of Status Desired	Fee	Required
City & S at	e	City & State		6. Election Campaign Financing		0 May Be
23		28		Trust Fund Contribution	Adde	d to Fees
Zip	Coun ry	Zip	Country	8. This corporation owes the curre	ent year l ntangible ☐ Yes	SINO
24	9. Name and Address of Current	29 3	10	Personal Property Tax. 10. Name and Address of New R		7 1110
	g. Name and Address of Current	, registered Agent	81 Name	10,		
MEY	er, R. Wayne					· · · · · · · · · · · · · · · · · · ·
1831	AVOCADO AVENUE		82 Street A	ddress (P.O. Box Number is Not Accepta	ible)	
ME:LI	Bourne FL 32935		83			
						p Code
			84 City		FL 85 Zi	p Cide
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named c	o poration submit; this statement for the	purpose of changing	its registered
office o r	egistered agent or both in the State o	n Florida. Such change was suff	horized by the coroor	o poration submit; this statement for the ration's board of directors. I hereby accep	purpose of changing it the appointment as	ts registered registered
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	n Florida. Such change was suff	horized by the coroor	o poration submit; this statement for the ration's board of directors. I hereby accep	t the app sintment as	ts registered registered
office o r	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	or Florida. Such change was cuttions of, Section 607.0505, Florid und title if applicable. (NOTE: R	horized by the corpor da Statutes.	alion's board of directors. I hereby acceptive	DATE	
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14. I 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 reserver 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

R. Wayne Meyer