

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90096 033 \*\*\*163.75

DOCUMENT # 525986

1. Corporation Name  
ATLANTIC TESTING LABORATORIES, INC.

Principal Place of Business  
1861 AVOCADO AVENUE  
MELBOURNE FL 32935  
US

Mailing Address  
POST OFFICE BOX 360813  
MELBOURNE FL 32936-0816  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/16/1977

4. FEI Number  
59-1722095

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 owes the current year Intangible  
Personal Property Tax. ☐ 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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, R. WAYNE  
1831 AVOCADO AVENUE  
MELBOURNE FL 32935

81 Name

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

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 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 PTD ☒ DELETE  
NAME BECKHAM, CHARLENE B  
STREET ADDRESS 1861 AVOCADO AVE  
CITY-STATE-ZIP MELBOURNE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE  
NAME MEYER, R. WAYNE  
STREET ADDRESS 1861 AVOCADO AVE  
CITY-STATE-ZIP MELBOURNE FL

2.1 TITLE P/D/T ☒ Change ☐ Addition  
2.2 NAME Meyer, R. Wayne  
2.3 STREET ADDRESS 1861 Avocado Ave.  
2.4 CITY-STATE-ZIP Melbourne, FL 32935

TITLE V ☐ DELETE  
NAME SWARR, PETER C  
STREET ADDRESS 1861 AVOCADO AVE  
CITY-STATE-ZIP MELBOURNE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE V ☐ DELETE  
NAME BECKHAM, ILL H.  
STREET ADDRESS 1861 AVOCADO AVE  
CITY-STATE-ZIP MELBOURNE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE S  
5.2 NAME Worlow, Yvette P.  
5.3 STREET ADDRESS 1861 Avocado Ave.  
5.4 CITY-STATE-ZIP Melbourne, FL 32935

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 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, with all other like empowered.

SIGNATURE: *R. Wayne Meyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Wayne Meyer 4/23/99 (407) 259-4141  
Date Daytime Phone #

CR2E034 (1/98)