FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED, AND FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G60514** **(8)**

1. Corporation Name

HERNASCO TESTING LABORATORY, INC.

Principal Place of Business	Mailing Address
13237 COLONY ROAD P.O. BOX 5267 HUDSON FL 34674	13237 COLONY ROAD P.O. BOX 5267 HUDSON FL 34674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2340709** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTENSEN, JAMES E.
13237 COLONY ROAD
HUDSON FL 34669

10. Name and Address of New Registered Agent

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 date of signature) (Registered Agent signature required when mailed by agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	CHRISTENSEN, ELEANORE I	12 NAME	Christensen James E.	
STREET ADDRESS	7605 SUE ELLEN DR	13 STREET ADDRESS	7605 Sue Ellen Dr.	
CITY ST ZIP	PORT RICHEY FL	14 CITY ST ZIP	Port Richey,Fl.	
TITLE	SVP	21 TITLE	VP	☒ Change ☐ Addition
NAME	CHRISTENSEN, JAMES E	22 NAME	Tippens,James C.Jr.	
STREET ADDRESS	7605 SUE ELLEN DR	23 STREET ADDRESS	2700 Bayshore Blvd.#561	
CITY ST ZIP	PORT RICHEY FL	24 CITY ST ZIP	Duniden,Fl	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	TIPPENS, JAMES C. JR.	32 NAME		
STREET ADDRESS	2700 BAYSHORE BLVD., #561	33 STREET ADDRESS		
CITY ST ZIP	DUNIDEN FL	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	BUSSMAN, RAY G.	42 NAME		
STREET ADDRESS	113 EXECUTIVE DR. #3B	43 STREET ADDRESS		
CITY ST ZIP	NEW PT RICHEY FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: James E Christensen 4/29/95 813 854 5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460824 FP