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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28702

(5)

ADVANCED TESTING LABORATORIES OF FLORIDA, INC.

Principal Piace		Mailing Address 2822 FORSYTH ROAD STE J-102					
WINTER PARK FL 32782 US		WINTER PARK FL 32792-6684 US		3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Pi	lace of Business	2a. Mailing Address		·· - ·	08/14/1986 4. FEI Number	1 07/22/1996	pplied For
	AST BROADWAY ST.	26 PO Box 612	497		59-2712077	F-1-	ot Applicable
Sulte, Apt. #. etc.		Suite, Apt. #, etc.		SR 75 Additional			
22 13		27			5. Certificate of Status Desired	1 1	equired
City & State	o	City & State			6. Election Campaign Financing \$5.00 May Be		May Be
23 OUIE		28 CUIEDO F	レ ・		Trust Fund Contribution		to Fees
Zip	Country	7ip	Countr		8. This corporation has liability for in		s. 199.032,
24 3274			30] <u>U</u>	<u>১</u> শ		Yes No	
	9. Name and Address of Current	Hegistered Agent	B1	I Name	10. Name and Address of New Re	Jisterec Agent	
FUNK, MICHAEL D.				Name			
	MILLS CREEK ROAD			Street Add	dress (F.O. Box Number is Not Acceptable)		
CHU	LUOTA FL 32766						
			L_				
			84	City		FL 85 Zip	Code
agent. I at SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statute	28 .	poration submits this statement for the p tion's board of directors. I hereby accep		its registered s registered
12.	Signature, lyped or printed name of registered age: OFFICERS AND		Hegistered Ap	gent signalure requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	RS IN 12
TITLE	D\$	DELETE	1.1 HILE		ABSTRONO OTATION OF THE	Change	Addition
NAME	FUNK, MICHAEL D.		1.2 NAME				
STREET ADDRESS	2425 MILLS CREEK ROAD			1 ADDRESS			
City-ST-ZIP	CHULUOTA FL	_	1.4 CITY-	·			
TITLE	T	DELETE	2.1 TITLE			☐ Change	Addition
NAME	CARMICHAEL, RICHARD H.		2.2 NAME				•
STREET ADDRESS	2822 FORSYTH RD. #102		2.3 STREET ADDRESS				
CITY-ST-ZIP	WINTE PARK FL		2. 4 CiTY-	-\$1-7IP			
TITLE		☐ DELETE	3.1 1IILE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	- S1 - 20P			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		L∐ DELE1€	4.1 1ITLE			☐ Change	☐ Addition
NAME			4. 2 NAMI				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELFIE	4.4 CITY - 5.1 TITLE	SI-ZIP		Change	Addition
NAME		but to	5.2 NAME			Onange	L. HOURDH
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE	O E H		Change	Addition
NAME		_	6.2 NAME			_ •	
STREET ADDRESS				T ADDRESS			
C/TY-ST-ZIP			6.4 CITY-				
14. I do hereb informatio I am an of	in indicated on this annual report or si	upplemental annual report is tr the receiver or trustee empowe	y for the ex ue and acc ered to exe	emption state curate and tha	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as if made ur	nder oath; that