

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J64188 (2)

1. Corporation Name
RADON RESEARCH INTERNATIONAL, INC.



Principal Place of Business

7650 S. TAMiami TRAIL #9
SARASOTA FL 34231

Mailing Address

7650 S. TAMiami TRAIL #9
SARASOTA FL 34231

2. Principal Place of Business
21 P.O. Box 21774

2a. Mailing Address
25 P.O. Box 21774

3. Date Incorporated or Qualified
03/27/1987

3a. Date of Last Report
03/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2783020

Applied For
Not Applicable

23 City & State
SARASOTA, FLORIDA

27 City & State
SARASOTA, FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34276 25 Country SARA

29 Zip 34276 30 Country SARA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AIR QUALITY SERVICES INC
6560 SUPERIOR AVE
SARASOTA FL 34231

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 34231

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 file if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPSHUTZ, ARTHUR
7650 S. TAMiami TR., #9
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILLILAND, RICHARD (KIM)
7650 S. TAMiami TRAIL #9
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPSHUTZ, STUART
7650 S. TAMiami TRAIL #9
SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

☒ Change ☐ Addition
P.O. Box 21774
SARASOTA, FL 34276

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition
700001854957
-06/07/96--01012--022
***200.00

☐ Change ☐ Addition
5/1/96

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (941) 923-7300
Date Daytime Phone #

CR2E034 (12/95)