

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathern Secretary of State DIVISION OF CORPORATIONS
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05 MAY -1 AM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/22/1987	06/09/1994
4. FEI Number	Applied For
59-2845938	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 is liable for interest on order 55 1091249	
Foreign Status	☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
DAVIS, STAFFORD J 1755 LONG SLOUGH WALK ORANGE PK FL 32073

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 607.01(1)(a) and 607.01(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, as the State of Florida. Such change was authorized by the corporation's board of directors. I hereby, as the appointed or registered agent, affirming self, and as the duly appointed, Section 607.01(1)(b), Florida Statutes.

GENERAL

[illegible]

by the International Atomic Energy Agency (IAEA) and the International Commission on Radiological Protection (ICRP).

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12.	OFFICERS AND DIRECTORS
NAME	PD
ADDRESS	DAVIS, STAFFORD, JR.
CITY AND STATE	1755 LONG SLOUGH WALK
PHONE	ORANGE PARK FL
NAME	
ADDRESS	
CITY AND STATE	
PHONE	
NAME	
ADDRESS	
CITY AND STATE	
PHONE	
NAME	
ADDRESS	
CITY AND STATE	
PHONE	
NAME	
ADDRESS	
CITY AND STATE	
PHONE	

13. ADDITIONS/CHANGES TO OFFICERS AND DETECTIVES IN 17	
1. NAME	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☒ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. The undersigned certifies that the information supplied with this form is voluntarily furnished and does not apply to the exemption stated in Section 119 (a)(3)(B) of the Florida Statutes. Furthermore, the undersigned certifies that the information furnished on this official report is supplemental annual report information and is not a report and that the signature shall have the same legal effect as a notarized affidavit. That I am not a member or officer of the organization or the members or officers empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in this report as the name of the person or persons authorized to sign this report.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICIAL ON DIRECTOR

4/25/95 9842763958