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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Militam e

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # J99816

RADON CHECK, INC.

Mailing Address

3225 SO. MACDILL AVENUE **TAMPA FL 33629**

Principal Place of Business

P.O. BOX 320142 **TAMPA FL 33679**

FILED Jun 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

813.879.0000

4/11/98

US		n2		8011011111121111110	
				3. Date Incorporated or Qualified	
6 Dringing D	ace of Business	2a. Mailing Address		10/21/1987 4. FEI Number	
2. Principal Pi	PINEWOOD TEFF. E		S 19 NORT		Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		38 2010031	\$8.75 Additional
22 City & State		27 SUITE 22	?1	5. Certificate of Status Desired	Fee Required
23 PALM	HARBOR, FL	28 PALIN NA	ekor, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 346	83 Country USA	34684	Country USA	8. This corporation owes or has paid the cu	
24 346	9 Name and Address of Current		0 USA	Personal Property Tax due June 30.	Yes No
ANAL SAMPLAGE ALM				BOOTH, SANDRA E.	<u> </u>
TAMPA FL 33629			82 Street A	ddress (P.O. Box Number is Not Acceptable) 45 PINEHOOD TERR	ACE EAST
IN	WI A 1 E 000E0		83		
			84 City		las Zin Codo
			the above period of	m MARBOR FL	85 Zip Code 34683
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 Sundruck book. SIGNATURE Sundruck book.					
	Signature, typed or preced harm of registrated age. OFTICERS ANI.	t and title diapplicable (NOTE)	Hegistered Apent signature re	<u> </u>	D DIDEOTODO III 40
12.	VT	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	8HENK, N. RUSSELL	D bette		BOOTH, SANDRE E.	briango pp receitor
STREET ADDRESS	2512 MORRISON AVE.			45 PINEWOOD TERR E	
CITY-ST-ZIP	TAMPA FL 33629			PAIM HARBOR FL 34683	
TITLE	P	DELETE	2.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	SHENK, MARY JO		2.2 NAME		
STREET ADDRESS	2512 MORRISON AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		2. 4 City-St-ZiP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELFTE	3.4. CITY - \$1 - ZIP		Change Addition
TIFLE		i pertie	4.1 TITLE 4. 2 NAME		THE CHANGE THE WOOMINGO
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		- 	5.2 NAME		~/\~
STREET ADDRESS			5.3 STREET ADDRESS		101
CITY-ST-ZIP			5.4 CITY - ST - ZIP		1
TITLE		DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS	,	2 8 ES 14
CITY-ST-ZIP			6.4 CITY - ST - ZIP		Jep 128. L
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 eath; that I am an					
officer or director of the corporation of 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.					
Block 17 of Block 13 if Changed, of off an Atlantificati with all actions is.					