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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M66532

(6)

RADON TRAC LABORATORIES, INC.

FILED
Apr 30 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address		t and the first and some some some (and the first but	ne minit bibli dibit bidit 1901
1877 NORTHGATE BLVD	1877 NORTHGATE BLVD			
SUITE 2	SUITE 2		DO NOT WRITE IN THIS	י פטאפר
SARASOTA FL 34234 US	SARASOTA FL 34234 US		3. Date Incorporated or Qualified	STACE
	03		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
2. Principal Place of Business	2a. Mailing Address		02/01/1988 4. FEI Number	Applied For
21 1660 SWELTLAND ST	26 P.O. BOX 166	X	65-0043954	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23 NOKOMIS FL		FL	Trust Fund Contribution	Added to Fees
<b>Žip</b> Country	Zip	Country	8. This corporation owes or has paid the cu	
24 34275 25 VS	29 34274 30	US		☐ Yes ☐ No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
Boone, Jeffery A.		81 Name		
1001 AVENIDA DEL CIRCO		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>
VENICE FL 34285		Street ridge	1000 (1.0. Dox Humbor is Not Acceptable)	
<del>-</del>		83		
		24		
		<b>84</b> City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliq	i of Florida. Such change was auth	torized by the corporat	tion's board of directors. I hereby accept the ap	pointment as registered
·	and by couldn't boy toobb, I long	a otataios.		
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	agistered Agent signature requir	red when reinstating) DATE	
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME HAWKINS, ALAN		1.2 NAME		
STREET ADDRESS 1001 AVENIDA DEL CIRCO		1.3 STREET ADDRESS		
CITY-ST-ZIP VENICE FL		1.4 CITY-ST-ZIP		
TITLE OD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME MASON, WILLIAM E		2.2 NAME		
STREET ADDRESS 1001 AVENIDA DEL CIRCO		2.3 STREET ADDRESS		
CITY-ST-ZIP VENICE FL		2.4 CITY-ST-ZIP		
TITLE SD	☐ DELETE	3.1 1)TLE		☐ Change ☐ Addition
MASON, JEAN G		3.2 NAME		
STREET ADDRESS 1001 AVENIDA DEL CIRCO		3.3 STREET ADDRESS		
CITY-ST-ZIP VENICE FL		3.4. City-St-ZiP		
TITLE	DELET <b>E</b>	4.1 TiTLE		☐ Change ☐ Addition
NAME .		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-2IP		4.4 CITY-ST-ZIP		
TIME	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		i		
TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		6.2 NAME		C Shank C Vacality
STREET ADDRESS				
		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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 13 if changed, or on an attachment with an address.