FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:48

DOCUMENT # **P24587** **(8)**

1. Corporation Name
EFFCON LABORATORIES, INC.

Principal Place of Business	Mailing Address
200 N. COBB PARKWAY BUILDING 200 MARIETTA GA 30062 US	P. O. BOX 7509 MARIETTA GA 30065-1509 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 1800 Sandy Plains Pky.
Suite, Apt. #, etc.
22: Suite 108
City & State
23: Marietta, Ga.
Zip 24: 30066 Country 25: USA

2a. Mailing Address
26: P.O. Box 7499
Suite, Apt. #, etc.
27:
City & State
28: Marietta, Ga
Zip 29: 30065 Country 30: USA

4. FEI Number: 58-1741316 ☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURKLOW, MEL
5425 OAKMONT DR
PACE FL 32571

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 607.0502 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: Melvin A. Burklow 3-26-95
Signature, type or print name of registered agent and title 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	PD BURKLOW, ED R. 3545 HIDDEN HOLLOW CT. MARIETTA GA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S BROWN, GERALD B 4574 COLUMNS DR. MARIETTA GA ← DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	V.P. J. Kent Burklow P.O. Box 7499 Marietta, Ga. 30065 N/A ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BURKLOW, MELVIN A. 5425 OAKMONT DR PACE FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T BURKLOW, ROBERT L. 103 WOODMERE DR HOHENWALD TN	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	Secretary + Treasurer ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: Ed R. Burklow Ed R. Burklow 3/28/95 800-722-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

03B0774 FP