

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24587 (8)
1. Corporation Name
EFFCON LABORATORIES, INC.

Principal Place of Business
1800 SANDY PLAINS PKY
SUITE 108
MARIETTA GA 30066
US

Mailing Address
P. O. BOX 7499
MARIETTA GA 30065
US



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/01/1989

3a. Date of Last Report
02/06/1996

4. FEI Number
58-1741316

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKLOW, ED R.	
STREET ADDRESS	3545 HIDDEN HOLLOW CT.	
CITY- ST- ZIP	MARIETTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	J. KENT BURKLOW	
STREET ADDRESS	P. O. BOX 7499 N/A	
CITY- ST- ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKLOW, MELVIN A.	
STREET ADDRESS	5425 OAKMONT DR	
CITY- ST- ZIP	PACE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURKLOW, ROBERT L.	
STREET ADDRESS	103 WOODMERE DR	
CITY- ST- ZIP	HOHENWALD TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Burklow* 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. BURKLOW
Date Daytime Phone #

CR2E034 (9/96)