


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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. OX 7499 MARIETTA GA 30065 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1989	
21		26		4. FEI Number 58-1741316	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

Signature, typed or printed 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	PD	1.1 TITLE	
NAME	BURKLOW, ED R.	1.2 NAME	
STREET ADDRESS	3545 HIDDEN HOLLOW CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	J. KENT BURKLOW	2.2 NAME	
STREET ADDRESS	P. O. BOX 7499 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	ST
NAME	BURKLOW, MELVIN A.	3.2 NAME	BURKLOW, MELVIN A.
STREET ADDRESS	5425 OAKMONT DR	3.3 STREET ADDRESS	5425 OAKMONT DR
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	PACE FL
TITLE	ST	4.1 TITLE	VP
NAME	BURKLOW, ROBERT L.	4.2 NAME	BURKLOW, ROBERT L.
STREET ADDRESS	103 WOODMERE DR	4.3 STREET ADDRESS	236 WOODMERE DR
CITY-ST-ZIP	HOHENWALD TN	4.4 CITY-ST-ZIP	HOHENWALD TN
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Burklow* 01-14-98 770-428-7011

CR2E034 (10/97)