

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33216** (3)

1. Corporation Name

TEST SERVICES, INC.

Principal Place of Business

**7350 N. BROADWAY
DENVER CO 80221**

Mailing Address

**7350 N. BROADWAY
DENVER CO 80221**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

03/19/1991

3a. Date of Last Report

05/24/1994

4. FEI Number

84-1079927

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. 192 (32)
Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State App # etc.

22

State App # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

City

29

Zip

30

9. Name and Address of Current Registered Agent

**TURNER, JAMES
1940 HARRISON STREET
SUITE 204
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name
JAMES TURNER
82 Street Address (P.O. Box Number is Not Acceptable)
8963 DIXIE HWY
83
84 **CORAL GABLES**

FL

85

Zip Code
33146

11. Pursuant to the provisions of Sections 601.01, 601.02 and 601.03, 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. The 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 the registered agent as set forth in the Florida Statutes.

SIGNATURE

James Z. Turner

4/26/95

12. OFFICERS AND DIRECTORS (List in Alphabetical Order)

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
PD	RIEDINGER, KIRK	7350 N. BROADWAY	DENVER CO		
SD	TURNER, JAMES	7350 N. BROADWAY	DENVER CO		
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
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OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
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OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (List in Alphabetical Order)

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
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OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or person exercising the right as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE

James Z. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95