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

APPROVED AND FILED

95 MAY -30 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001504000
-06/02/95--01010--001
****225.00 ****225.00

DOCUMENT # P93000012331 (3)

1. Corporation Name

PRO-TECH LABORATORIES, INCORPORATED

Principal Place of Business
16025
-10625 REDINGTON DRIVE
REDINGTON BEACH FL 33708

Mailing Address
16025
-10625 REDINGTON DRIVE
REDINGTON BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-3189604 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22) (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. The corporation has taxable income under $ 100,000 as defined in Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NIXON, CHARLES R
16025 REDINGTON DRIVE
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City FL 05 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, 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	D	11 TITLE ☐ Change ☐ Addition
NAME	NIXON, CHARLES R	12 NAME 600001504086
STREET ADDRESS	-10625 REDINGTON DR 16025 Redington Dr	13 STREET ADDRESS -06/02/95--01010--002
CITY ST ZIP	REDINGTON BEACH FL 33708	14 CITY ST ZIP ******8.75 ******8.75
TITLE	D	21 TITLE ☐ Change ☐ Addition
NAME	WILLIAMSON, MICHAEL A	22 NAME
STREET ADDRESS	128 RIVERSIDE	23 STREET ADDRESS
CITY ST ZIP	GRAND BEND ONTARIO	24 CITY ST ZIP
TITLE	D	31 TITLE ☐ Change ☐ Addition
NAME	ROBERT RODENBERG	32 NAME
STREET ADDRESS	16025 Redington Dr.	33 STREET ADDRESS
CITY ST ZIP	Redington Beach, FL 33708	34 CITY ST ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	PAUL MIANO	42 NAME
STREET ADDRESS	16025 Redington Dr.	43 STREET ADDRESS
CITY ST ZIP	Redington Beach, FL 33708	44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP CH

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)(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: C.R. Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles R. Nixon, Director

5-25-95 (Date) 813-393-6442 (Daytime Phone #)

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