

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nansha B. Martin
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
FILED

30 MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048626 (4)

1. Corporation Name
PIXE ANALYTICAL LABORATORIES, INC.

Principal Place of Business
**1380 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304**

Mailing Address
**1380 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/12/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21	26	59-3190670	<input type="checkbox"/> Not Applicable
State, Apt # etc.	State, Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
City & State	City & State	8. Does corporation have financial statements audited by a CPA under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

**WALKER, CLAUDE R
1330 THOMASVILLE
TALLAHASSEE FL 32303**

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. I, the undersigned, being a duly qualified agent or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PD BROWN, STEWART 2364 CYPRESS COVE RD. TALLAHASSEE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Director only
STREET ADDRESS			
CITY & STATE			
NAME	CD DEBUSK, A. G 3583 DORIS DR. TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY & STATE			
NAME	STD RASMUSSEN, DAVID 3127 FERNS GLEN DR. TALLAHASSEE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Director only
STREET ADDRESS			
CITY & STATE			
NAME	President & Director Sene E. Bauman 1569 San Luis Road Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY & STATE			
NAME	Sec-Treas. & Director Linda H. Nolan 8037 Briarcreek Rd. East Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY & STATE			
NAME	Director Spencer Trimble 5198 Maddox Rd. Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY & STATE			

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information contained in this annual report or supplemental annual report is true and correct, 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 217, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Linda H. Nolan* **Linda H. Nolan** **5/18/95** **904-576-3900**

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APPROVED AND FILED

MAY 22 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
3000 FLORIDA PALMWAY, TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P93000049455 (7)

1. Corporation Name
ANCLOTE PROPERTIES, INC.

2. Principal Place of Business
**1350 RIVERSIDE AVENUE
TARPOON SPRINGS FL 34689**

2a. Mailing Address
**1350 RIVERSIDE AVENUE
TARPOON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized
07/09/1993

3a. Date of Last Report
04/22/1994

4. FEI Number
59-3199493

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

21. Previous Place of Business

2a. Mailing Address

22. State, Apt # etc

27. State, Apt # etc

23. City & State

28. City & State

24. State

25. Country

29. State

30. Country

9. Name and Address of Current Registered Agent

**WOLLINKA, DAVID
2312 U.S. HIGHWAY 19
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.02(2), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '95

OFFICE	NAME	STREET ADDRESS	CITY, STATE, ZIP
1	D	CRISMOND, LINDA F	333 LINDER AVENUE NORTHFIELD IL 60093
2	D	LEISNER, ANTHONY B	333 LINDER AVENUE NORTHFIELD IL 60093
3			
4			
5			
6			
7			
8			
9			
10			

OFFICE	NAME	STREET ADDRESS	CITY, STATE, ZIP	Change	Addition
1		1350 Riverside Ave	Tarpon Springs, FL 34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		1350 Riverside Ave	Tarpon Springs, FL 34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1), Florida Statutes. I further certify that the information is filed on the annual report of supplemental annual report as due and in compliance with the provisions of the statute and that my signature shall have the same legal effect as if made on the certificate that is filed on file for the corporation or the receiver of the corporation in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing report as a registered agent with an address.

SIGNATURE: *Anthony B. Leisner* *Anthony B. Leisner*

5-20-95 813-537-5845