

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90014 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000048626

1. Corporation Name

PIXE ANALYTICAL LABORATORIES, INC.

000271 - 90014 - 77



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

4. FEI Number: 59-3190670 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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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. 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, STEWART	
STREET ADDRESS	2364 CYPRESS COVE RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEBUSK, A. G	
STREET ADDRESS	3583 DORIS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASMUSSEN, DAVID	
STREET ADDRESS	3127 FERNS GLEN DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAUMAN, SENE E.	
STREET ADDRESS	1569 SAN LUIS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COX, LINDA N	
STREET ADDRESS	2926 SADDLE BROOK CT.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIMBLE, SPENCER	
STREET ADDRESS	5198 MADDOX RD.	
CITY-ST-ZIP	TALLAHASSEE FL	

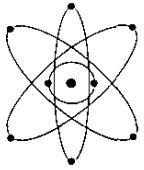
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Linda N. Cox **SIGNATURE REQUIRED** 7/9/99 850-576-3900
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

588271-90014-49
P 93000048626



PIXE
ANALYTICAL
LABORATORIES

7 July 1999

Florida Dept. of State
Division of Corporations

To Whom It May Concern:

Enclosed you will find our Annual Report. We received the second notice today, having never received the first notice. One can only assume it was lost in the mail, since the address is correct. Pursuant to a telephone conversation with Jane of your office today, enclosed you will find our check in the amount of \$150.00, since this was the first notice received.

Thank you for your understanding.

Sincerely,

Linda Nolan Cox

Linda Nolan Cox
Secretary-Treasurer

Enclosures