

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000054489 (8)

1. Corporation Name

HURRICANE TEST LABORATORY, INC.



Principal Place of Business

8011-B2 MONETARY DRIVE  
RIVIERA BEACH FL 33404  
US

Mailing Address

8011-B2 MONETARY DRIVE  
RIVIERA BEACH FL 33404  
US

3. Date Incorporated or Qualified  
08/04/1993

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0432767

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEERS, DEBRA  
8631 STEEPLECHASE DR  
PALM BEACH GARDENS FL 33418

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

1.1 TITLE ☐ DELETE

NAME  
SMITH, MILTON  
STREET ADDRESS  
5210 28TH STREET  
CITY-ST-ZIP  
LUBBOCK TX

1.2 NAME ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME  
BEERS, DEBRA  
STREET ADDRESS  
8631 STEEPLECHASE DRIVE  
CITY-ST-ZIP  
PALM BEACH GARDENS FL

2.2 NAME ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME ☐ Change ☐ Addition

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)(k), 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: Debra A. Beers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)