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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000015362 (4) DOCUMENT #

1. Corporation Name

PENINSULA TESTING COMPANY



					_		DARAG ANTO A	
Principal Place of	Business	Mailing Address						
P.O. DRAWER 1838 P.O. DRAWER								
MELBOURNE		MELBOURNE FL 329	MELBOURNE FL 32902-1838			3a. Date of t	net Pena	net
					3. Date Incorporated or Qualified 02/23/1994		25/199!	
					4. FEI Number	<u> </u>		plied For
Principal Place		2a. Mailing Address			59-3225180 Not Applicate			Applicable
1 12 E. F		Suite Act # etc	Suite, Apt. #, etc.		\$8.75 Additional			
Suite, Apt. #, ⋅	etc.	27	i '		- Fee Nequiled			quired
City & State		City & State			6. Election Campaign Financing			
Helbourn, FL		28			Trust Fund Contribution			
Zip Country		Zip Country			8. This corporation has liability for in Florida Statutes	ntangible tax ul	iders is	19.032,
3290		29	30		10. Name and Address of New R		ent	
	9. Name and Address of Currer	nt Registered Agent		Name	10. Italio and Addition			
					(D.O. Day Number in Not Accountable)(o)		
TUCKER, DONALD M JR				Street Addr	ress (P.O. Box Number is Not Acceptat	noj		
12 E. A			la la	93				
MELBO	JRNE FL 32901		L		85 Zip Code			Code
				64 City	ration submits this statement for the purify of directors. I hereby accept the app	FLI	-	
SIGNATURE: -s	ignature, typed or printed name of registered agree OFFICERS Af	ND DIRECTORS	13.	ஆன் தனு கின் என்றார்	ADDITIONS/CHANGES TO OF	FICERS AND D	RECTOR	S IN 12
12.	D OFFICERS AF	DELETE	1.1 10	TLF			Change	Addition
TITLE NAME	TUCKER, L D	_	1 2 NA	ME				
STREET ADDRESS	12 E. AVE. C		1350	REET ADDRESS				
CITY - ST - ZIP	MELBOURNE FL 32901			IY-SI-ZIP			Change	Addition
TITLE	D	☐ DELETE	2 1 1			L.1	Change	٠٠٠٠٠ ا
NAME	TUCKER, DONALD M		2 2 NA	1				
STREET ADDRESS	12 E. AVE. C			REET ADDRESS				
CHTY-ST-ZiP	MELBOURNE FL 32901	DELETE	3 1 T	TY-SI-ZIP			Change	Addition
TITLE		[] Steene	3 2 N	I				
NAME.			33 S	TREET ADDRESS				
STREET ADDRESS				TY - ST - ZIP			Chacas	Addition
CITY - ST - ZIP TITLE		DELETE	4.1 !	ITLE		L	Change	LI Addition
NAME			4 2 N					
STREET ADDRESS			1	THEET ADDRESS				
CITY-SI-21P		Em Ducat	5 1	11Y - S1 - ZIP			Change	☐ Addition
TITLE		DELETE	521			_		
NAME			1	FREET ADDRESS				
STREET ADDRESS			1	OTY-ST-ZIP				
CITY - ST - ZIP		DELETE		TITLE			Change	Additio
TITLE			•	NAME				
NAME CTREET ADDRESS			633	STREET ADDRESS				
STREET ADDRESS			640	DITY-ST-ZIP	Englished in Continue 1	10 07/09IA FIS	ida Ptatul	tae Lifurthar
	1					3 S. L. C. C. (1994) 1 F. C. (1994)	unia establis	res industrial

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 convoration 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 15 if changed, or on an attachment with an address

SIGNATURE:

SIGNING OFFICER OF DIRECTOR