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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 2:37

DOCUMENT # P94000047269 (3)

1. Corporation Name

CERTIFIED TESTING LABORATORIES-ARCHITECTURAL, IN C.

Principal Place of Business	Mailing Address
13942 LAMONT DRIVE ORLANDO GF 32832	13942 LAMONT DRIVE ORLANDO GF 32832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7252 NARCOOSSEE RD
22 Suite, Apt. #, etc. STE "B"
23 City & State ORLANDO FL
24 Zip 32822 Country 25 ORANGE

2a. Mailing Address
26 7252 NARCOOSSEE RD.
27 Suite, Apt. #, etc. STE "B"
28 City & State ORLANDO FL
29 Zip 32822 Country 30 ORANGE

4. FEI Number: 59-3257174 ☐ 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

BLAKELY, JUDY M
13942 LAMONT DRIVE
ORLANDO GF 32832

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	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAKELY, WILLIAM R	1.2 NAME		
STREET ADDRESS	13942 LAMONT DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO GF 32832	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	BLAKELY, JAMES	
STREET ADDRESS		2.3 STREET ADDRESS	4999 HEATHERSTONE PL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORL FL 32812	
TITLE		3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME		3.2 NAME	BLAKELY, WILLIAM	
STREET ADDRESS		3.3 STREET ADDRESS	13942 LAMONT DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORL FL 32832	
TITLE		4.1 TITLE	SEC-TREAS.	☐ Change ☒ Addition
NAME		4.2 NAME	JUDY BLAKELY	
STREET ADDRESS		4.3 STREET ADDRESS	13942 LAMONT DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORL FL 32832	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Judy Blakely JUDY BLAKELY 8-1-95 407-384-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0065022 CP