

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047269 (3)

1. Corporation Name

CERTIFIED TESTING LABORATORIES-ARCHITECTURAL, IN
C.

Principal Place of Business

Mailing Address

7252 NARCOOSSEE RD
B
ORLANDO FL 32822
US

7252 NARCOOSSEE RD
SUITE B
ORLANDO FL 32822
US



3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

08/09/1995

4. FEI Number

59-3257140
-NOT APPLICABLE

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKELY, JUDY M
13942 LAMONT DRIVE
ORLANDO FL 32832

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 appropriate

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BLAKELY, WILLIAM R
STREET ADDRESS 13942 LAMONT DRIVE
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE BP
NAME BLAKELY, JAMES
STREET ADDRESS 4999 HEATHERSTONE PL
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE P
NAME BLAKELY, WILLIAM
STREET ADDRESS 13942 LAMONT DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE ST
NAME BLAKELY, JUDY
STREET ADDRESS 13942 LAMONT DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

V P
JAMES BLAKELY
4999 HEATHERSTONE PL
ORLANDO FL 32812

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Judy Blakely / Sec. Treas

6-20-96

407.384.7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)