

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90081 031 ***150.00

DOCUMENT # P94000047269

1. Corporation Name

CERTIFIED TESTING LABORATORIES-ARCHITECTURAL, IN
C.



Principal Place of Business

7252 NARCOOSSEE RD
B
ORLANDO FL 32822
US

Mailing Address

7252 NARCOOSSEE RD
SUITE B
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

59-3257140

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME BLAKELY, WILLIAM R
STREET ADDRESS 13942 LAMONT DRIVE
CITY-ST-ZIP ORLANDO GF 32832

TITLE ☐ DELETE
NAME VP
NAME BLAKELY, JAMES
STREET ADDRESS 4999 HEATHERSTONE PLACE
CITY-ST-ZIP ORLANDO FL

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

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

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREAS
1.2 NAME BLAKELY, JUDY
1.3 STREET ADDRESS 13942 LAMONT DR
1.4 CITY-ST-ZIP ORL FL 32832 ☐ Change ☒ Addition

2.1 TITLE SEC
2.2 NAME BALLANTYNE, DAWN
2.3 STREET ADDRESS 14051 MARINE CT
2.4 CITY-ST-ZIP ORL FL 32832 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)