

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 # **P94000081234 (4)**

1. Corporation Name

**FUEL BUSTER LABORATORIES, INC.**



Principal Place of Business

Mailing Address

**256 COMMERCE DRIVE  
PEACHTREE CITY, GA, 30269**

E

3. Date Incorporated or Qualified  
**11/04/1994**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number  
**65-0531333**

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HYLAND, WILLIAM J JR  
WATTERSON HYLAND BAIRD & KLETT PA  
11380 PROSPERITY FARMS RD SUITE 112  
PALM BEACH GARDENS FL**

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 the applicable

(NOTE: Registered Agent's signature required when restate agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CHAMBERS, CONSTANTINE P**  
STREET ADDRESS **5300 W ATLANTIC AVE SUITE 400**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **D THAMES, RONALD E**  
STREET ADDRESS **104 TIMBER RIDGE**  
CITY-ST-ZIP **PEACHTREE CITY GA 30269**

TITLE ☐ DELETE  
NAME **D HYLAND, WILLIAM J JR**  
STREET ADDRESS **11380 PROSPERITY FARMS RD SUITE 112**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ DELETE  
NAME **D KRIEGER, SHELDON**  
STREET ADDRESS **50 ZACCHEUS MEAD LN**  
CITY-ST-ZIP **GREENWICH CT 06831**

TITLE ☐ DELETE  
NAME **D MATELICH, GEORGE**  
STREET ADDRESS **% KELSO & COMPANY 350 PARK AVE**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

Date

Dispositive Phrase #

CR2E034 (12/95)