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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90067 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K81207

1. Corporation Name

EFFICIENCY ENGINEERING AND TESTING COMPANY

Principal Place of Business

1371 BOUNDS ST.
PORT CHARLOTTE FL 33952

Mailing Address

1371 BOUNDS ST
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1989

4. FEI Number

65-0116839

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 18156 BREDETTE AVE.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PORT CHARLOTTE, FL

City & State

Zip Country

24 33954 25 CHARLOTTE

Zip Country

29 30

9. Name and Address of Current Registered Agent

**DRUMM, PAMELA SUE
1371 BOUNDS ST
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name

DRUMM, PAMELA SUE

82 Street Address (P.O. Box Number is Not Acceptable)

18156 BREDETTE AVE.

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33954

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]

DON A. DRUMM

3-13-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD
DRUMM, DON ALEXANDER**
STREET ADDRESS **1371 BOUNDS ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **DS
DRUMM, PAMELA SUE**
STREET ADDRESS **1371 BOUNDS ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **D
MASSEY, KEVIN**
STREET ADDRESS **971 LINNEAN TERRACE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PTD
DRUMM, DON ALEXANDER**
1.3 STREET ADDRESS **18156 BREDETTE AVE.**
1.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DS
DRUMM, PAMELA SUE**
2.3 STREET ADDRESS **18156 BREDETTE AVE.**
2.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON A. DRUMM PRESIDENT 941-625-8178

Date

Daytime Phone #

CR2E034 (11/98)