

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00505 (2)

1. Corporation Name

SUBSURFACE DETECTION INVESTIGATIONS, INC.

Principal Place of Business

7381 114TH AVE N
STE 405-B
LARGO FL 34643
US

Mailing Address

7381 114TH AVE N
STE 405-B
LARGO FL 34643
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1989

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2954768

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

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**WINDSCHAUER, ROBERT J.
7381 114TH AVE N
#405-B
LARGO FL 34643**

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 revalidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VP

NAME

EVERETT, HARLEY W.

STREET ADDRESS

7512 OLA AVE

CITY - ST - ZIP

TAMPA FL

TITLE

T

NAME

HARKALA, WALTER

STREET ADDRESS

1801 THONOTOSASSA RD, #3

CITY - ST - ZIP

PLANT CITY FL

TITLE

S

NAME

WHITNEY, SAM

STREET ADDRESS

1801 THONOTOSASSA RD, #3

CITY - ST - ZIP

PLANT CITY FL

TITLE

D

NAME

LEMONS, CARLOS R.

STREET ADDRESS

7211 - 3RD AVE., S.

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

**P
Windschauer, Robert J.
8846 merrimoor Blvd E.
LARGO FL 34647**

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Windschauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/95 (813) 544-5020
(Date) (Phone)