

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/07/1989
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2954768
24 Country	29 Country	Applied For
25	30	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
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 date (if applicable)

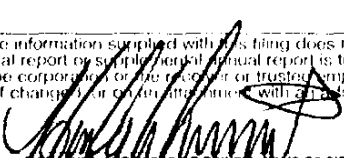
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	EVERETT, HARLEY W.	1.2 NAME	EVERETT, HARLEY W.
STREET ADDRESS	7512 OLA AVE	1.3 STREET ADDRESS	1027 BAL HARBOUR DR
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	APOLLO BEACH FL 33572
TITLE	T	2.1 TITLE	
NAME	HARKALA, WALTER	2.2 NAME	
STREET ADDRESS	1801 THONOTOSASSA RD, #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	WHITNEY, SAM	3.2 NAME	
STREET ADDRESS	1801 THONOTOSASSA RD, #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	WINDSCHAUER, ROBERT J.	4.2 NAME	
STREET ADDRESS	8846 MERRIMOR BLVE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder 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 added thereto with an address.

SIGNATURE:



Signature and printed name of signing officer or director

1/23/98 (8B) 544-5020

Date

Daytime Phone #

0404787

CR2E034 (10/97)