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

Mailing Address

6343 ROWAN RD.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 362863

1. Corporation Name

Principal Place of Business

6343 ROWAN RD.

PASCO TESTING LAB & SALES INC

P.O. BOX 1064 NEW PORT RICHEY FL 34656		P.O. BOX 1064 NEW PORT RICHEY FL 34656			DO NOT WRITE IN THIS SPACE		
10117 1110			•	·	3. Date Incorporated or Qualifed 04/20/1970		
Principal Place of Business 2a. Mailing Address						lied For	
21 26		26			59-1292046 Not	Applicable	
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22 27		27			5. Certificate of Status Desired Fee Required		
City & State City &		City & State	ity & State		6. Election Campaign Financing 55.00 h	1ay Be	
23 28		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	1	This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.		
	9. Name and Address of Curre			_	10. Name and Address of New Registered Agent		
OI 6	ON DAVID E	<i>i</i>	81	Name		-	
OLSON, DAVID E			82	Street Add	ess (P.O. Box Number is Not Acceptable)		
HUL	IDAT FL 33389		83				
,			84	City	85 Zip C	ode	
ation that exit	525	77 * 4 # 770 - 2 * 4 + 175			FL "		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of changing its r	egistered	
office or f	egistered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was at ations of, Section 607,0505, Flor	utnorizeo by rida Statutes	tne corporati	ion's board of directors. I hereby accept the appointment as reg	stered	
SIGNATURE		,					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating) , DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	1 '	☐ Change	☐ Addition	
NAME	DEWHURST, PETE		1.2 NAME		A The Committee of the		
STREET ADDRESS			1.3 STREET ADDRESS		the state of the s		
CITY-ST-ZIP	NEW PORT RICHEY, FL00000		1.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME			2.2 NAME			+	
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	ించాలికి ఇంది క		2. 4 CITY-5	ST-ZIP			
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CHY-SI-ZIP			3.4. CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-5	ST-ZIP		Addition	
TITLE		_	-	ST-ZIP .	The state of the	Addition	
NAME SOR 60	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4.1 TITLE 4. 2 NAME	ST-ZIP	The state of the	Addition	
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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 preceiver 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.

6.4 CITY-ST-ZIP

SIGNATURE: "

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90002 023 ***150.00