FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -7 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 380203 (0)

1. Corporation Name
D & G SOILTESTS, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 2151 (33939)~~ ~~4030 - 14 STREET, NORTH~~ ~~NAPLES FL 33940~~	~~P.O. BOX 2151 (33939)~~ ~~4030 - 14 STREET, NORTH~~ ~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1971
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 380 Nursery Lane
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 33999 25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 2151
27 Suite, Apt. #, etc.
28 City & State: Naples, FL
29 Zip: 33939 30 Country: U.S.A.

4. FEI Number: 59-1320994 ☐ 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 files liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAWLEY, DANNY E
5790 WAXMYRTLE WAY
NAPLES FL 33942

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: (If changing Registered Agent, this form must be signed by new agent) NOTE: Registered Agent signature required when changing DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: BRAWLEY, DANNY E. STREET ADDRESS: 5790 WAXMYRTLE WAY CITY-ST-ZIP: NAPLES FL	11 TITLE ☐ Change ☒ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP: 33942
TITLE: ST NAME: BRAWLEY, LEISA STREET ADDRESS: 5790 WAXMYRTLE WAY CITY-ST-ZIP: NAPLES FL	21 TITLE ☐ Change ☒ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP: 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I/We 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)(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 added by an attachment with an address.

SIGNATURE: Leisa B. Brawley — 3-1-95 — (813) 261-4398
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone
Leisa B. Brawley

0326817 CP