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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 380203

D & G SOILTESTS, INC.

Principal Place	e of Business	Mailing Address						
380 NURSERY	LANE	5790 WAXMYRTLE WAY						* 4*
NAPLES FL 339	999	NAPLES FL 34109			DO NOT	WRITE IN THI	IS SDACE	
US		US			3. Date incorporated or Qual		O OFACE	
}					04/09/1971	neu.		
	t and the second	2a. Mailing Address			4, FEI Number		1 1 4 0	plied For
<u>⊢</u> ¬ .	face of Business	——————————————————————————————————————					<u>_</u>	t Applicable
21		Suite, Apt. #, etc.			59-1320994		\$8.75	
Suite, Apt.	#, etc.	<u>├</u>			5. Certificate of Status Desire	ed 🔲	Fee Re	
22 City 8 Ctot		City & State	 		2 51-6-0	·		<u> </u>
City & Stat	re	 			 Election Campaign Finance Trust Fund Contribution 	ing 🔲	\$5.00 Added t	,
23 Zin	Country	Zip	Country					Q 1 063
Zip		 	30		8. This corporation owes the Personal Property Tax.	current year i	M Yes	□No
24	9. Name and Address of Curre		30		10. Name and Address of N	ow Registere		
-	9. Name and Address of Curre	it Kegisteren Agent	81	Name	10. Hame and Address of the	ow reagiotore	a rigoni	
BRA	WLEY, DANNY E							
	WAXMYRTLE WAY		82	Street Add	lress (P.O. Box Number is Not Acc	ceptable)		
	LES FL 34109		83			2. • 50 KK link M. M.	1 4 2 4 5 4 4 5 5 6 7 1	110 11410 5
1474	200 12 04100		03					
			84	City	(100 g (100 cm , 100 cm)	1 74 17 MAGE	85 Zip (Códe *****
1.000				L		<u> </u>	Columbia di Silano	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliga-	02 and 607.1508, Florida Statute: e of Florida. Such change was au	s, the above thorized by	e-nameo con the corporat	ion's board of directors. I hereby a	ccept the app	ointment as re	gistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes		-			* ₁ · ·
SIGNATURE								<u> </u>
	Signature, typed or printed name of registered age		Registered Ager	nt signature requir	ADDITIONS/CHANGES TO	DATE	AND DIDECTO	DS IN 12
12.		ND DIRECTORS	13. 1.1 TITLE			OFFICERS	☐ Change	Addition
TITLE	PD DANKEY DANKIY E	C Deceie						
NAME	Brawley, Danny E.		1.2 NAME					
STREET ADDRESS	5790 WAXMYRTLE WAY			TADDRESS				
CITY-ST-ZIP	NAPLES FL 34109	Perett	1.4 CITY-S				□ Change	□ Addition
CITY-ST-ZIP TITLE	NAPLES FL 34109 ST	☐ DELETE	1.4 CITY-S 2.1 TITLE				☐ Change	Addition
CITY-ST-ZIP	NAPLES FL 34109 ST BRAWLEY, LEISA	☐ DELETE	2.1 TITLE 2.2 NAME	T-ZIP			Change	Addition
CITY-ST-ZIP TITLE	NAPLES FL 34109 ST BRAWLEY, LEISA 5790 WAXMYRTLE WAY	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		•	☐ Change	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 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP