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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F49609

(3)

SOUTHWEST PRESSURE GROUTING, INC.

Principal Place of Business 70 WICKLIFFE DR NAPLES FL 33942 US		Mailing Address  SPAULICH. O'HARA  WINGLIFFE DRIVE NAPLES FL 34110-1332				
					3. Date Incorporated or Qualified 10/13/1981	3a. Date of Last Report 01/29/1996
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number 59-2 183694	Applied For Not Applicable
Suite, Apt :	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>Z</b> ip	Courtry	<b>28</b>     Zip	Coun	try	8. This corporation has liability for	
24	25 9. Name and Address of Curren	29  st Registered Agent	30		10. Name and Address of New Re	
DALII	JCH, JOHN III	g.o.o.o.o.o.rigoin		Name		
2150	GOODLETTE ROAD		[8	32 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
	f Floor .es fl 33940		- -	13		
, ,			-	34 City		FL 85 Zip Code
agerit I a SIGNATURE	Standure, typical or printy treated of registers diagrams	en and their applicatels (No	OI: Registered		ation's board of directors. I hereby acce	1/7/97 DATE
12.	PD OFFICERS AN	D DIRECTORS     DELETE	13.	,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
TILLE	BOOTH, LARRY	LIFLEIC	1.1 TOL			Change Addition
NAME	70 WICKLIFFE DR		1.2 NAN			
STREET ADDRESS	NAPLES, FL 00000			EET ADDRESS		
CITY-ST-ZIP TiTLE	ST	DELETE	21 1811	r-St-ZIP F		Change Addition
NAME	BOOTH, LINDA		2.2 NAM			
STREET ADDRESS	70 WICKLIFFE DR		2.3 STR	EE1 ADORESS		
CITY+S1+ZIP	NAPLES, FL 00000		2. 4 CIT	Y-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TiTI	.E		Change Addition
NAME	PFORR, JAMISON S.		3 2 NA1			
STREET ADDRESS	70 WICKLIFFE DR. NAPLES FL		1	EET ADDRESS		
CITY-ST-ZIP TITLE	TWO DEG TE	DELETE	3 4. CIT 4 1 TITE	Y-ST-ZIP		Change Addition
NAME		La better	4. 2 NA			
STREET ADDRESS				REET ADDRESS		
C(TY+ST+Z)P			4.4 CIT	Y - ST - ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	Mê		
STREET ADDRESS				REET ADDRESS		
CITY ST-Z-P		ryr, kre		Y-ST-ZIP		Change Addition
TITLE		DELETÉ	61 III	1		Change Addition
NAME OTOTOT ADMINISTRA			62 NA			
STREET ADDRESS			63811	PEET ADDRESS		

14. I do nereby certify that the information supplied with this filling 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

941-597-2584

**FILED** 

Jan 14 1997 8:00am

Secretary of State