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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F49609

(3)

SOUTHWEST PRESSURE GROUTING, INC.

FILED Feb 09 1998 8:00am Secretary of State

000111	WEST THESOONE GIOO	med, med.				
Principal Place of Business		Mailing Address				
70 WICKLIFFE DR		% PAULICH, O'HARA				
	NAPLES FL 33942 70 WICKLIFFE DRIVE					DO NOT WRITE IN THIS SPACE
US		NAPLES FL 33942				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
8 Oringinal P	lace of Business	2a. Mailing Address				10/13/1981 4. FEI Number Applied For
	26					59-2183694 Not Applicat
Suite, Apt	# etc		Suite, Apt. #, etc.			SR 75 Additional
27						5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip			Country		8. This corporation owes or has paid the current year Intangible
24	25 29		30	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
	JLICH, JOHN I			81	Name	
215	O GOODLETTE ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
SIX	TH FLOOR					
NA	PLES FL 33940			83		
				84	City	₽ 65 Zip Code
				Ш		FL 60 20 oooc
11. Pursuant	to the provisions of Sections 607.05 aglatered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida. Such change was	ites, the a authorize	bove d by	e-named corporation	coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the ob-	igations of, Section 607.0505, F	Iorida Sta	tutes	i.	, , , , , ,
SIGNATURE						ed when reinstating) DATE
40	Signature, typed or printed name of registered a	ngon) and trile if applicable (NC ND DIRECTORS	11. Hegistere	d Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	DELETE	1.1 T	ITI F		Change Additi
NAME	BOOTH, LARRY	—	1.2 N			
STREET ADDRESS	70 WICKLIFFE DR		1		ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000			ITY-S		
TITLE	ST ST	DELETE	2.1 T		1 1 1	Change Additi
NAME	BOOTH, LINDA		2.2 N	AME		
STREET ADDRESS	70 WICKLIFFE DR				ADDRESS	•
CITY-ST-ZIP	NAPLES, FL 00000			CITY - S		
TITLE	VP	DELETE	3.1 T			Change Additi
NAME	PFORR, JAMISON S.		3.2 N	AME		
STREET ADDRESS	70 WICKLIFFE DR.		3.3 STREE		ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4. 0	IITY-S	IT-ZIP	
TITLE		DELETE	4.1 T			☐ Change ☐ Additi
NAME			4.21	NAME		
_STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4,4 C	ITY-S	1-2IP	
TITLE		DELETE	5.1 TI	ITLE		Change Additi
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 T	ITLE		Change Additi
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP		
	orlifu that the information europied	with this filing does not qualify	for the ex-	emoi	ion stated in S	Section 119.07(3)(i). Florida Statutes, I further certify that the informatio

4. 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 changed, or on an attachment with an address.

CONTROL OF IN & BUTH Winds L. Bai

1-34-98 941-597-2509

CR2E034 (10/97)