

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G09083** (8)

1. Corporation Name
ALLIED ENGINEERING & TESTING, INC.

Principal Place of Business 5300 LEE BLVD LEHIGH ACRES FL 33971 US	Mailing Address P.O. BOX 754 LEHIGH ACRES FL 33970
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1982	
21		26		4. FEI Number 59-2236460	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**MCQUEEN, PAULA F.
5300 LEE BLVD
LEHIGH ACRES FL 33971**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTDC	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCQUEEN, PAULA F.			1.2 NAME			
STREET ADDRESS	5300 LEE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			1.4 CITY-ST-ZIP			
TITLE	M	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D, Secretary, Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCQUEEN, PAULA F			2.2 NAME	Gary Ben Null		
STREET ADDRESS	5300 LEE BLVD			2.3 STREET ADDRESS	995 Sunset Trail		
CITY-ST-ZIP	LEHIGH ACRES FL			2.4 CITY-ST-ZIP	LaBelle FL.		33985
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Sp. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HULL, JENA M			3.2 NAME	R. Morgan Dickinson		
STREET ADDRESS	5300 LEE BLVD			3.3 STREET ADDRESS	24132 Collins St.		
CITY-ST-ZIP	LEHIGH ACRES FL			3.4 CITY-ST-ZIP	Bonita Spring FL.		34135
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRANDELL, DONNIE R			4.2 NAME			
STREET ADDRESS	5300 LEE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, BARNEY L.			5.2 NAME			
STREET ADDRESS	5300 LEE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYPER, ANDREW M.			6.2 NAME			
STREET ADDRESS	5300 LEE BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address

SIGNATURE: *Paula F. McQueen* 4/9/98 941-334-1832

CR2E034 (10/97)