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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90068 029 ***150.00

DOCUMENT # **H88264** 1. Corporation Name P.P.B. ENVIRONMENTAL LABORATORIES, INC. Mailing Address Principal Place of Business 6821 SW ARCHER RD. 6821 SW ARCHER RD. GAINESVILLE FL 32608 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/05/1985 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2607462 Not Applicable 26 21 **\$8.75** Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State **Election Campaign Financing** Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation owes the current year Intangib □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAIER, FRANK P. 82 Street Address (P.O. Box Number is Not Acceptable) 1330 N.W. 6TH STREET SUITE B 83 GAINESVILLE FL 33607 Zip Code 84 City 85 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) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE PARK, MEREDITH THOMAS 12 NAME NAME 524 SW 43RD TERR 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ DELETE TITLE STD 2.1 TITLE PARK, SUSAN ELIZABETH 2.2 NAME NAME **524 SW 43RD TERR** STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change DELETE 3.17TTLE TITLE VPN BERGDOLL, MARY KELLY NAME 3.2 NAME ROUTE 2, BOX 453 3.3 STREET ADDRESS STREET ADDRESS NEWBERRY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE STEEL SHAN 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 21, 1999 (352) 377-2349