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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J27685 (3)  
1. Corporation Name  
COMMERCIAL TESTING, INC.

Principal Place of Business  
% DENIS J. ROZA  
14820 SIX MILE CYPRESS PKWY  
FORT MYERS FL 33912

Mailing Address  
% DENIS J. ROZA  
14820 SIX MILE CYPRESS PKWY  
FORT MYERS FL 33912-4406



3. Date Incorporated or Qualified 08/07/1986  
3a. Date of Last Report 02/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2699621		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		25 Zip Country		29 Zip Country		30 Zip Country	

9. Name and Address of Current Registered Agent

ROZA, DENIS J.  
14820 SIX MILE CYPRESS PKWY  
FORT MYERS FL 33912

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, DANIEL R.	1.2 NAME	
STREET ADDRESS	14820 SIX MILE CYPRS PKY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEW, QUINTON B.	2.2 NAME	
STREET ADDRESS	14820 SIX MILE CYPRS PKY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZA, DENIS J.	3.2 NAME	
STREET ADDRESS	14820 SIX MILE CYPRS PKY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGE, RONALD E.	4.2 NAME	
STREET ADDRESS	14820 SIX MILE CYPRS PKY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, DANIEL S.	5.2 NAME	
STREET ADDRESS	14820 SIX MILE CYPRS PKY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

941-421-2350

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CR2E034 (9/96)