

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J27685

1. Corporation Name
COMMERCIAL TESTING, INC.

99 JUN 17 AM 9:20
 TALLAHASSEE, FLORIDA

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
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DO NOT WRITE IN THIS SPACE

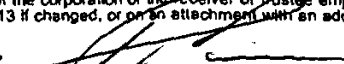
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/07/1986 4. FEI Number 59-2699621 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No
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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
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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																																																	
<table border="1" style="width:100%"> <tr> <th colspan="3">12. OFFICERS AND DIRECTORS</th> <th colspan="3">13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</th> </tr> <tr> <td style="width:15%">TITLE</td> <td style="width:45%">NAME</td> <td style="width:15%">STREET ADDRESS</td> <td style="width:15%">CITY-ST-ZIP</td> <td style="width:15%">1.1 TITLE</td> <td style="width:15%">1.2 NAME</td> </tr> <tr> <td></td> <td>VD HARPER, DANIEL R.</td> <td>14820 SIX MILE CYPRESS PKWY</td> <td>FORT MYERS, FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>D MCNEW, QUINTON B.</td> <td>14820 SIX MILE CYPRESS PKWY</td> <td>FORT MYERS, FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>DP ROZA, DENIS J.</td> <td>14820 SIX MILE CYPRESS PKWY</td> <td>FORT MYERS, FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>DST INGE, RONALD E.</td> <td>14820 SIX MILE CYPRESS PKWY</td> <td>FORT MYERS, FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>D HARPER, DANIEL S.</td> <td>14820 SIX MILE CYPRESS PKWY</td> <td>FORT MYERS, FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME		VD HARPER, DANIEL R.	14820 SIX MILE CYPRESS PKWY	FORT MYERS, FL				D MCNEW, QUINTON B.	14820 SIX MILE CYPRESS PKWY	FORT MYERS, FL				DP ROZA, DENIS J.	14820 SIX MILE CYPRESS PKWY	FORT MYERS, FL				DST INGE, RONALD E.	14820 SIX MILE CYPRESS PKWY	FORT MYERS, FL				D HARPER, DANIEL S.	14820 SIX MILE CYPRESS PKWY	FORT MYERS, FL								
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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:  **SECRETARY/TREASURER** 6/3/99 (941) 489-2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 RONALD E. INGE