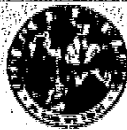


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L42663 (9)

1. Corporation Name

FLORIDA BACKFLOW TESTING & ENGINEERING INC.

**APPROVED
AND
FILED**

95 APR 28 PM 2:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O LESTER J. CRAWFORD III
1901 SE WESTMORELAND BLVD.
PORT ST. LUCIE FL 34952**

Mailing Address

**C/O LESTER J. CRAWFORD III
1901 SE WESTMORELAND BLVD.
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1990

3a. Date of Last Report

04/29/1994

FBI Number

65-0165656

Applied For

☐ Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 1901 S.E. Giffen Ave.
Port St. Lucie, FL 34952
Suits, Apt. #, etc. (407) 335-7210**

2a. Mailing Address

**26 1901 S.E. Giffen Ave.
Port St. Lucie, FL 34952
Suits, Apt. #, etc. (407) 335-7210**

22 City & State

23

Zip

24

Country

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CRAWFORD, LESTER J. III
1901 SE WESTMORELAND BLVD.
PORT ST. LUCIE FL 34952**

**1991 S.E. Giffen Ave.
Port St. Lucie, FL 34952
(407) 335-7210**

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD
CRAWFORD, LESTER J. III
1901 SE WESTMORELAND BLV
PORT ST. LUCIE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
NASSE, DENNIS C.
7245 RED BIRD CIRCLE
HOBE SOUND FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
MCCLAIN, DELWOOD W
2213 SE TRILLO ST.
PT. ST. LUCIE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**LES CRAWFORD
1991 S.E. Giffen Ave.
Port St. Lucie, FL 34952
(407) 335-7210**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 to this annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESTER J. CRAWFORD III

800 345 7210

4/9/95

DATE