


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90197 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L42663**

1. Corporation Name

FLORIDA BACKFLOW TESTING & ENGINEERING INC.



Principal Place of Business C/O LESTER J. CRAWFORD III 1991 SE GIFFEN AVE PORT ST. LUCIE FL 34952 US	Mailing Address C/O LESTER J. CRAWFORD III 1991 S E GIFFEN AVE PORT ST. LUCIE FL 34952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1632 SE Niemeyer Dr Suite, Apt. #, etc. 22 City & State 23 Port St Lucie FL Zip Country 24 34952 25 USA		2a. Mailing Address 26 1632 SE Niemeyer Dr Suite, Apt. #, etc. 27 City & State 28 Port St Lucie FL Zip Country 29 34952 30 USA		3. Date Incorporated or Qualified 01/11/1990	4. FEI Number 65-0165656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent

**CRAWFORD, LESTER J. III
1991 SE GIFFEN AVE
PORT ST. LUCIE FL 34952**

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, LESTER J. III	1.2 NAME	
STREET ADDRESS	1991 SE GIFFEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSE, DENNIS C.	2.2 NAME	NASSE, DENNIS C
STREET ADDRESS	7245 RED BIRD CIRCLE	2.3 STREET ADDRESS	7158 SE Seahawk St.
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, ERIC L	3.2 NAME	
STREET ADDRESS	628 E 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

11/18/99 561 255 726
Date Daytime Phone #

CR2E034 (1/198)