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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023187 (6)

PALMETTO ENVIRONMENTAL LABORATORY, INC.

Principal Plana of Puningas	Mailir
Principal Place of Business	Mailli
422 MUSTANG DRIVE	P.O.
LAKELAND FL 33801	LAKE
US	US

FILED Jul 02 1998 8:00am Secretary of State

Principal Place	Principal Place of Business Mailing Address			I TERNIADOR UNA ARRAR UNIVERSANTI BRUN DONIN BRUN		
4223 LEE MUSTAN		P.O. BOX 738				
LAKELAND FL		LAKE ALFRED FL 33850				
US			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		
Principat Dis	ac e of Business	2a. Mailing Address		03/25/1993 4. FEI Number	I la cue	
21 4 22 3					Applied For	
Suite, Apt. #		Suite, Apt. #, etc.	 	59-3184312	Not Applicabl \$8.75 Additional	
22	., 2,2,	27		5. Certificate of Status Desired	Fee Required	
City & State	, , ,	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Lake	land florida	28		Trust Fund Contribution	Added to Fees	
ー ^{Zip} ファム	Country	Zip	Country	8. This corporation owes or has paid the		
24 <i>3</i> 38			90	Personal Property Tax due June 30.	Yes No	
	e, Name and Address of Curren	t Hegistered Agent	81 Nange	10. Name and Address of New Registe	red Agent	
	DNER, DAVID M JR		BI NIDAV	io Garliner		
	B MUSTANG DRIVE		82 Singer Add	ress (P.D. Box Number is Not Acceptable)		
* LAKI	ELAND FL 33850		83	3 Mustana Driv	<u> </u>	
	•					
	` ^		84 dity //	- 00	85 Zio Code	
ata Durayant to	the various of SAllians 607 050	2 and 607 1509 Florido Statutos	the short procedure		FL 33801	
office or re	gistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	pration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as registered	
agent. I an	n lamilia Allbank (ccept the obliga	ations of Section 607.05 <u>05. Flori</u>	da Statifies		1/20108	
SIGNATURE :	Signature typed or printed name of registered age	VI - QAMARI UI	Hogislared Agent signature requi	adden win the O	7/20/70	
12,	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	Ō	DELETE	1.1 TITLE		Change Additio	
NAME	GARDNER, DAVID M JR	- LAC Cour	1.2 NAME			
STREET ADDRESS	PO BOX 738 4223	MUSTANG Drive	1,3 STREET ADDRESS		•	
CITY-\$T-ZIP	LAKE ALFRED FL 83850 L	arcland 1 Fla. 338	1.4 City - St - ZiP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		T ouers	2. 4 CITY - ST - ZIP		[] a.	
TITLE		☐ DELETE	3.1 TITLE		Change Additio	
NAME CTOSET ADDDS CC			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	······································	DELETE	3.4. CITY-\$1-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME		- D precie	4. 2 NAME		ET AUGURA ET VOOUN	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		 -	5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		- ·	6.2 NAME	600002579:		
STREET ADDRESS			6.3 STREET ADDRESS	600002579: -07/06/9801006-	-051), b'	
CITY-ST-ZIP		•	6.4 City-S1-ZiP	***158.75	•//	

14. Thereby 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 of hupplemental 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 chapted or on an attag invent with an appears.

nolag