Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90033 049 \*\*\*158.75

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000047003

1. Corporation Name

PROFESSIONAL ENGINEERING AND ENVIRONMENTAL TESTI

NG, INC											
Principal Place	of Business	Ma	iling Address				<b>-</b>   '"	<b>1811881</b> 21 <b>0 14180</b> 11511 <b>20</b> 11	) <b>40</b> 151 <b>46</b> 115 <b>80</b> 171	######################################	• <b>• • • • • • • • • • • • • • • • • • </b>
1312 NEPTUNE DR			1312 NEPTUNE DR				1				
BOYNTON BEACH FL 33426 BOY			YNTON BEACH FL 33426				DO NOT WRITE IN THIS SPACE				
US US							3. Date incorporated or Qualifed				
							07/06				ļ
2 Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Nu			Ap	plied For
21			26				1	21160		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04 2m 3m 1m 2	· · · · · · · · · · · · · · · · · ·	~~	-\$8.75 A	Additional
22			7 <u></u>				5. Certifica	ate of Status Desired		Fee Re	quired
City & State			City & State				6. Election	n Campaign Financii	ng 🖂	\$5.00	May Be
23			B			Trust F	und Contribution		Added t	o Fees	
Zip	Country		Zip	Coun	itry		1 -	rporation owes the o	urrent year In	tangible	<u> </u>
24	25	29		30				al Property Tax.	<b>5</b> 11 -1		<b>≥</b> €%
	9, Name and Address of Curren	t Regis	tered Agent		04			and Address of Ne			
HVD.	TVE IANET D		-		81	Name F	OUSE	. JANE	FT b	ŀ	
HARTKE, JANET R. 1312 NEPTUNE DRIVE					82	Street Ad	ress (P.O. Box	Number is Not Acce	eptable)		
BOYNTON BEACH FL 33426											
ВОТ	NION BEACH FL 33420			ľ	83						}
				Į.	84	City	<del>-</del>		FL	85 Zip (	Code
								this statement for			registered
11. Pursuant office or re	to the provisions of Sections 607.050 egistered egent, or both, in the State in farpillar with, and accept the obliga-	2 and 60 of Florid	07.1508, Florida Statuti la: Such change was a	es, the ab uthorized	by i	the corpora	on's board of d	lirectors. I hereby ac	cept the appo	intment as re	gistered
agent. I ai	n familiar with, and accept the obligation	tions of	Section 607.0505, Flor	rida Statu	tes.				1-1	- aa	
SIGNATURE	Saut V.		ouse	Designand f	Agoni	t olanat ire rea	ed when reinstating)		1-5	<del>-77</del> _	<del></del>
12. /	Storature Typed or printed name of registered agen OFFICERS AN	1		13.	- Gern	r signatura radu		ONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TILE -	PDT	D. D.I.V.E.	DELETE	1.1 TITL	Æ		71557710			☐ Change	☐ Addition
NAME	ROUSE, JANET H.			1.2 NAM	ΜĒ						
STREET ADDRESS	1312 NEPTUNE DR			1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CIT	Y-ST	r-zip					
TITLE	VPD □ DELETE		☐ DELETE	2.1 TITLE						Change	Addition
NAME	ROUSE, JACK G			2.2 NA	ME						İ
.STREET ADDRESS	_1312.NEPTUNE.DR			2.3 STF	REET	ADDRESS		درمن مینسیسید با د			<u> </u>
CITY-ST-ZIP	BOYNTON BEACH FL		_	2. 4 CIT	ry-s	T-ZIP		-			
TITLE					3.1 TITLE					Change	Addition
NAME	ROUSE, JACK G	DUSE, JACK G		3.2 NA	3.2 NAME						ļ
STREET ADDRESS	1312 NEPTUNE DR			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP	BOYNTON BCH FL			3.4. CIT	ry-s	T-ZIP				<u>.                                      </u>	
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	4,1 स्ता	LE					☐ Change	☐ Addition
NAME				4, 2 NA	ME						
STREET ADDRESS				4,3 STF	REET	ADORESS					
CITY-ST-ZIP				4.4 CIT	Y-\$1	r-zip					_
TITLE			☐ DELETE	5.1 TITI	LE	ì				Change	Addition \
NAME	<u> </u>			5.2 NA	ME						ļ
STREET ADDRESS				5.3 STF	REET	TADORESS					Ì
CITY-ST-ZIP				5.4 CIT		r-zip					
TITLE			☐ DELETE	6.1 TITI						Change	☐ Addition
NAME				6.2 NAI							
ATDEET				■ 63.STF	REFT	LADORESS					- 1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

G OFFICER OR DIRECTOR