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

Mailing Address 3400 SW 11TH STREET

 PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066809

Principal Place of Business

3400 SW 11TH STREET

FEDERAL BACKFLOW CERTIFICATION, INC.

DEERFIELD BEACH FL 33442		DEERFIELD BEACH FL 33442		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed	THOUNDE	
					09/20/1993	T 1 -	
2.	. Principal Place of Business	2a. Mailing Address			4. FEI Number	}	plied For
21		26			65-0439886		t Applicable
Г,	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 △	
22]·	27			3. Certificate of States Desired	Fee Re	quired
 '	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	¬ ´	28			Trust Fund Contribution	Added to	o Fees
- 31	Zip Country Zip		Country		8. This corporation owes the current year	ar Intangible	
	25 29 30		30		Personal Property Tax.		□No
24	9. Name and Address of Curren				10. Name and Address of New Registe	red Agent	
⊢	5. Name and Address of Curren		81	Name		<u> </u>	
1	TERWILLIGER, GARY	**					
	3400 SW 11TH STREET		82	Street Add	tress (P.O. Box Number is Not Acceptable)		
					100 mars 100	ter v divine of the	\$212 dit 1231
	DEERFIELD BEACH FL 33442		83			West West	
1	;		84	City	The state of the state of the state of	85 Zip (
				,		FL " - '	
ð:	 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida: Such change was at	uthorized by	the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its appointment as reg	gistered
S	SIGNATURE				<u></u>		
	The state of the s	A - 4 MMs if applicable (NOTE:	Degistered And	nt signature requir	red when reinstating) . ' . ? DA'	TE.	
L	Signature, typed or printed name of registered age	··· · · · · · · · · · · · · · · · · ·		nt signature requir			RS IN 12
\vdash	12. OFFICERS AN	ID DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
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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 of an attachment with an eddress, with all other like empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90001 041 ***150.00