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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 28 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000015362 (4)

PENINSULA TESTING COMPANY

| I CIVILL | OOLA TEOTING CONFANT | | | | |
|---|---|---|---------------------------------------|---|---|
| Principal Plac | e of Business | Mailing Address | T T T T T T T T T T T T T T T T T T T | | LINE LINE I BILLIN ALVIN DIVITE ILAN (ANI |
| 12 E. AVE C MELBOURNE FL 32901 US | | P.O. DRAWER 1838 MELBOURNE FL 32902-1838 | | DO NOT WRITE IN T | HIS SPACE |
| 03 | | | | 3. Date Incorporated or Qualified | THOUTAGE |
| | | | | 02/23/1994 | |
| 2. Principal P | lace of Husiness | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3225180 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$9.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | e current year Intangible |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes X No |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registe | ered Agent |
| | ICKER, DONALD M JR | | 81 Name | | |
| 12 E. AVE. C | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| , ME | E lbo urne fl 32901 | | | | |
| • | | | 83 | | |
| | | | 84 City | | 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 lamiliar with, and accept the obligations of, Section 607.0505, Horida Statutes. | | | | | |
| SIGNATURE. | | | | | |
| | Signature, typical or printed rismo of registered ago | | : Registered Agent signature require | | NTE. |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | THOUSE I D | ☐ DEFE1E | 1.1 TOLE | 3 | ☐ Change ☐ Addition |
| NAME | TUCKER, L D 12 E. AVE. C | | 1.2 NAME | f 7 | |
| STREET ADDRESS | MELBOURNE FL 32901 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | D MECDOUNINE PL 32901 | DELETE | 1.4 CHY-ST-ZIP 2.1 TITLE | | Change Addition |
| 1 | TUCKER, DONALD M | L_) DECETE | | | L. Change L. Addition |
| NAME | 12 E. AVE. C | | 2.2 NAME | | |
| STREET ADDRESS | MELBOURNE FL 32901 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | MECDOORINE PL 32801 | DELETE | 2.4 CITY - ST - ZIP 3.1 TITLE | | Change Addition |
| | | [Ditter | | | C Change C Admitton |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. C(1) Y - ST - Z(P) 4.1 1(T) LE | | Change Addition |
| l | | L_ Dilitie | | | |
| NAME OTDEET ADDRESS | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 C/TY - ST - ZIP 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | L DECEME | 5.2 NAME | | C Change C Addition |
| i | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.4 CHY-S1-ZIP 6.1 TITLE | | Change Addition |
| NAME | | El berit | 1 | | ET Outside ET Manifold |
| | | | 6.2 NAME | | |
| \$TREET ADDRESS | | | 6.3 STHEET ADDRESS | | |

14. 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 corruptation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changied, or on an attachment with an address.