

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

05/14/24 AM 9:42

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

James H. Mott

Secretary of State

1000 North West 1st Street, Room 1200

1995

DOCUMENT # P94000039215 (6)

1. Corporation Name

DYNAMIC TESTING, INC.

200001545402

-07/25/95--01068--002

****225.00 ****225.00

Principal Office: 3101 SW 34 AVE SUITE 905-280
OCALA FL 34474

3101 SW 34 AVE SUITE 905-280
OCALA FL 34474

Do not write in this space

2. Filing Date of Report		2a. Mailing Address		3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
21		25		05/19/1994			
22		27		4. FIC Number		Applied For	
				59-3094512		Not Applicable	
23		28		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
				6. Election to Waive Inspection		☐ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADEL, GARRY D
44 SE FIRST AVE
OCALA FL 34471

81	Name
82	Street Address (P.O. Box Numbers 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 Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's agent)

Signature of Registered Agent (if not the same as the corporation's agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a	NAME	13a	NAME
12b	STREET ADDRESS	13b	STREET ADDRESS
12c	CITY	13c	CITY
12d	STATE	13d	STATE
12e	ZIP	13e	ZIP
12f	DATE	13f	DATE
12g	DATE	13g	DATE
12h	DATE	13h	DATE
12i	DATE	13i	DATE
12j	DATE	13j	DATE
12k	DATE	13k	DATE
12l	DATE	13l	DATE
12m	DATE	13m	DATE
12n	DATE	13n	DATE
12o	DATE	13o	DATE
12p	DATE	13p	DATE
12q	DATE	13q	DATE
12r	DATE	13r	DATE
12s	DATE	13s	DATE
12t	DATE	13t	DATE
12u	DATE	13u	DATE
12v	DATE	13v	DATE
12w	DATE	13w	DATE
12x	DATE	13x	DATE
12y	DATE	13y	DATE
12z	DATE	13z	DATE

14. I hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report or both, and any change to the corporation's registered office or registered agent, is true and correct. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes, and that my name appears in the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/95 904/629-1400

CP2E034 (3/95)