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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

Dringing Place of Business

DOCUMENT # P95000038238 (8)

MATERIALS ENGINEERING AND TESTING, INC.

3902 INDUSTR'	### Prace of Edshiess   Walling Process     INDUSTRY BLVD.   3903 INDUSTRY BLVD.     10   STE. 10     ELAND FL 33611   LAKELAND FL 33811     US				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  05/15/1995	SPACE	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number		Applied For
1 390 3 Industry Blud, 26					59-3326190	· +	Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				<u> </u>	5. Certificate of Status Desired		Additional Required
City & State  23 Lake	Lakeland, FL 28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
21 338	Country US	Zip Country <b>30</b>		y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 258	Name and Address of Current		130]		10. Name and Address of New Registered		
91 Nama							
WALTERS, LINDA B 4504 <b>S.</b> PIPKIN RD.				Street Ade	dress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33811				Street Add	dress (P.O. Box Number is Not Acceptable)		
D4V	EGAND ( C 000 I I		83				
			84	City		85 Zip	o Code
				'	F!		
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, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	,	13.	one organization and	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE	PSTD	DELETE	1.1 TITLE			☐ Change	
NAME	WALTERS, LINDA B		1.2 NAME				
STREET ADDRESS	4504 S. PIPKIN RD.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811		1.4 CITY-	SY-ZIP			
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	CARNICELLI, JAMES A		2.2 NAME				
STREET ADDRESS	1504 HALLAM COURT SOUTH		2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE	]		∐ Change	a L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3,4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			L Change	e 🔲 Addition
NAME			4. 2 NAME	<b>!</b>			
STREET ADDRESS				1 ADDRESS			
CITY-\$T-ZIP	1.11	Driete	4.4 CITY-	ST-ZIP		Chann	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	י ווייייטארים
NAME			5.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE	SI-ZIP		Change	Addition
TITLE		ר הכרבוב				C. Criange	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY+ST-ZIP	ertify that the information supplied with	h this filing does not qualify f	6.4 CiTY- or the exemi	ntion stated	in Section 119.07(3)(i), Florida Statutes, I further	certify that th	he information
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.							