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

PROFIT CORPORATION ANNUAL REPORT 1999 🗈



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036496

CREDENCE ENVIRONMENTAL GROUP, INC.

Mailing Address Principal Place of Business

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90037 009 ***158.75



7701 HIDDEN IVY CT ORLANDO FL 32819		7701 HIDDEN IVY CT ORLANDO FL 32819			DO NOT WRITI	E IN THIS	S SPACE			
						3. Date Incorporated or Qualifed 04/22/1996				
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		T	Appl	ied For
21		26	26			<u>59-3375116</u>				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required		
City & State		City & State	<u> </u>			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip	Zip Coul 29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes				□No
	f Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name					
105 (BEINER, FRANK G E ROBINSON ST		82 St			et Address (P.O. Box Number is Not Acceptable)				
SUIT	E 301									
ORLA	ANDO FL 32801		-	84	City			85	Zip Co	ode
			1		•	corporation submits this statement for the corporation	<u> </u>	<u>- </u>		
SIGNATURE	Signature, typed or printed name of regi	ne obligations of, Section 607.050S, Flistered agent and title if applicable. (NOTERS AND DIRECTORS				quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS A	ND DIRE	CTOR	S IN 12
12.		DELETE	1,1 HI	1 F		DIRECTOR.	OLITO / I	[] Cha		Addition
TITLE	D COTTOELL DOVIEE		1.2 NA			CLAKK BARRY L			J	
NAME	BOTTILEE, BOTTE				ADDRESS	1725 WOODY PRIV	-		_	}
STREET ADDRESS			1.4 CIT			WINDERMENE, FL	. З	478	6	
CITY-ST-ZIP TITLE			2.1 TITI		-21			[] Cha	nge	☐ Addition
NAME	— — — — — — — — — — — — — — — — — — —		2.2 NA	ME						
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS						
CITY-ST-ZIP			2, 4 CF	TY-S1	r-ZiP					
TITLE		☐ DELETE	3.1 TIT	lΕ				Cha	inge	☐ Addition
NAME			3.2 NA	ME.						}
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI1	TY-ST	r-ziP					
TITLE		☐ DELETE	4.1 TIT	LE	ĺ			Cha	ange	Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT		-ZIP					Addition
TITLE		☐ DELETE	5.1 TiT					Cha	nige	
NAME			5.2 NA		ADDRESS					
STREET ADDRESS			5.3 S I I							
CITY-ST-ZIP		☐ DELETE	6.1 TIT	_	-ZIP	·		Cha	ange	Addition
TITLE		C DECEIE	6.2 NA					5/10		
NAME					ADDRESS					
STREET ADDRESS			1	NEE I						1

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOYLE E. COTTAGLL
NG OFFICER OR DIRECTOR