

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90017 036 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S09892

1. Corporation Name

ASBESTOS CERTIFIED TECHNICIANS, INC.

Principal Place of Business  
6735 LAND O'LAKES BLVD  
LAND O'LAKES FL 34639  
US

Mailing Address  
6735 LAND O'LAKES BLVD  
LAND O'LAKES FL 34639  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1990

4. FEI Number

59-3033344

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 6409 Land O Lakes Blvd.

Suite, Apt. #, etc.

22

City & State

23 Land O Lakes, Florida

Zip Country

24 34639

25 Pasco

2a. Mailing Address

26 6409 Land O Lakes Blvd.

Suite, Apt. #, etc.

27

City & State

28 Land O Lakes, Florida

Zip Country

29 34639

30 Pasco

9. Name and Address of Current Registered Agent

WEBB, E.C.  
4719 TAMNEY LAN  
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is 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, Section 607.0505, Florida Statutes.

SIGNATURE

Elton Conley Webb, Jr. II

1-26-99

Signature, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME E. C. WEBB  
STREET ADDRESS 96 LAKE SAXON DR.  
CITY-ST-ZIP LAND O'LAKES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME E.C. Webb  
1.3 STREET ADDRESS 4719 Tamney Lane  
1.4 CITY-ST-ZIP Land O Lakes, FL 34639

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Elton Conley Webb, Jr. II

1-26-99

813/996-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0492974