FILE NOW! FILING FEE AFTER MAY 1 IS $25.00

CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 APR 21 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92219 (2)

1. Corporation Name

SUBSURFACE TESTING & DRILLING, INC.

Principal Place of Business	Mailing Address
3310 SOUTHWEST MARTIN STREET PORT ST. LUCIE FL 34953	3310 SOUTHWEST MARTIN STREET PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 25	29 30

4. FEI Number: 65-0291055 ☐ 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. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTEN, GERALD **3310 SW MARTIN ST.** **SUITE 500-E** **PORT ST. LUCIE FL 34953**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTEN, GERALD	1.2 NAME	
STREET ADDRESS	3310 SOUTHWEST MARTIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	VP
TITLE	AVP	2.1 TITLE	☑ Change ☐ Addition
NAME	SAO, PHAN	2.2 NAME	Robert McCarten
STREET ADDRESS	3341 SW PERRINE ST.	2.3 STREET ADDRESS	2471 SE Caligula Ave.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gerald M Carten 4-17-95 (407) 336-4693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443007 FP