

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 688638

Entity Name: CAL-TECH TESTING, INC.

Current Principal Place of Business:

3309 SW SR-247
LAKE CITY, FL 32024

Current Mailing Address:

P.O. BOX 1625
LAKE CITY, FL 32056

FEI Number: 59-2039727

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, AMY M
3309 SW SR 247
LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name CREAMER, LINDA M
Address 3309 SW SR 247
City-State-Zip: LAKE CITY FL 32024

Title PROJECT ENGINEER
Name LANGFELDER, LEONARD J
Address 129 PLANTATION CIRCLE SOUTH
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, TREASURER
Name BROWN, AMY
Address 259 NW RHODEN GLENN
City-State-Zip: LAKE CITY FL 32055

Title VP
Name CREAMER, CALVIN
Address 3309 SW SR-247
City-State-Zip: LAKE CITY FL 32024

Title VP
Name MCCOLLUM, GARY
Address 4784 ROSELLE STREET
City-State-Zip: JACKSONVILLE FL 32254

Title VP
Name BROWN, DAVID
Address 3309 SW SR-247
City-State-Zip: LAKE CITY FL 32024

Title VP
Name STALVEY, ALLEN M JR.
Address P.O. BOX 1625
City-State-Zip: LAKE CITY FL 32056

Title VP, SECRETARY, EEO OFFICER
Name STALVEY, ABIGAIL M
Address P.O. BOX 1625
City-State-Zip: LAKE CITY FL 32056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ABIGAIL M. STALVEY

VP

02/27/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date