

**2017 FLORIDA PROFIT CORPORATION 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 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

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date