

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhan
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 AUG -5 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 598710

1. Corporation Name
BRIGHAM SURVEYING, INC.

Principal Place of Business: **VENICE, FL.**
Mailing Address: **712 SHAMROCK BLVD.**

3. Date Incorporated or Qualified: **12/31/84**
3a. Date of Last Report: **6/1/96**
4. FLL Number: **59-1869038**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for filing the tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **VENICE, FL.**
2a. Mailing Address:
22. **712 SHAMROCK BLVD**
23. **VENICE, FL.**
24. **34293** 25. **USA.**

9. Name and Address of Current Registered Agent
RAYMOND T. BRIGHAM
629 MICHIGAN DRIVE N.
VENICE, FL. 34293

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. **500001915175**
-08/07/96--01043--009
84. City: *******61-25 *****61-25**
FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(1) and 607.02(1) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent of 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 of the above named corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY & STATE	ZIP
<input checked="" type="checkbox"/> OFFICER	RESIDENT & T. RAYMOND T. BRIGHAM	629 MICHIGAN DRIVE N. VENICE, FL. 34293	VENICE, FL.	34293
<input type="checkbox"/> DIRECTOR	VP & S. MEGALIE S. BRIGHAM	629 MICHIGAN DRIVE N. VENICE, FL. 34293	VENICE, FL.	34293
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY & STATE	ZIP
<input checked="" type="checkbox"/> OFFICER	ASST. V.P. DAVID B. SCHREINER	5265 PALMETOS TERR. NORTH PORT, FL. 34287	NORTH PORT, FL.	34287
<input type="checkbox"/> DIRECTOR				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				
<input type="checkbox"/> OFFICER				
<input type="checkbox"/> DIRECTOR				

14. I, the undersigned, a duly authorized officer or director of the above named corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same have been prepared in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: **Raymond T. Brigham** RAYMOND T. BRIGHAM

8/1/96 941-493-4430

CR2E034 (3/95)