

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

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 598710 (2)
 1. Corporation Name
BRIGHAM SURVEYING, INC.

Principal Place of Business 712 SHAMROCK BLVD VENICE FL 34293	Mailing Address 712 SHAMROCK BLVD VENICE FL 34293
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1979	4. FEI Number 59-1869038	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	25. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent BRIGHAM, RAYMOND T. 629 MICHIGAN DRIVE NORTH VENICE FL 34293				10. Name and Address of New Registered Agent			
81. Name	RAYMOND T. BRIGHAM			85. Zip Code	34293		
82. Street Address (P.O. Box Number is Not Acceptable)	3849 WOODMERE PARK BLVD.						
83. Apt. #	APT. 16						
84. City	VENICE	FL					

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: *[Signature]* DATE: **1/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHAM, RAYMOND T.	1.2 NAME	RAYMOND T. BRIGHAM
STREET ADDRESS	629 MICHIGAN DRIVE NORTH	1.3 STREET ADDRESS	3849 WOODMERE PARK BLVD. APT. 16
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHAM, MEGARIE S.	2.2 NAME	
STREET ADDRESS	629 MICHIGAN DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREMSHOCK, DAVID B.	3.2 NAME	DAVID B. SCHREMSHOCK
STREET ADDRESS	5265 ALAMETOS TERRACE	3.3 STREET ADDRESS	5265 ALAMETOS TERRACE
CITY-ST-ZIP	NORTH PORT FL 34287	3.4 CITY-ST-ZIP	NORTH PORT, FL. 34287
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: **1/20/98** PHONE: **941-493-4438**

CR2E034 (10/97)