FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90005 040 ****70.00

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DOCUMENT # 714537

1. Corporation Name

FLORIDA SURVEYING AND MAPPING SOCIETY SCHOLARSHI P FUND, INC.

Principal Place of Business	Mailing Address
1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308	1689-A MAHAN CENTER BLVD. TALLAHASSEE FL 32308

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/02/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6209248 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EVERS, MARILYN C
1689-A MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BLANKENSHIP, DENNIS E		1.2 NAME		
STREET ADDRESS	316 S. BAYLEN, SUITE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DUNBAR, CHARLES J		2.2 NAME	ARTHUR A. MASTRONICOLA	
STREET ADDRESS	7400 TAMIAMI TRAIL, NORTH		2.3 STREET ADDRESS	12626 WILLOUGHBY LANE	
CITY-ST-ZIP	NAPLES FL 33963		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BREED, JOHN N		3.2 NAME		
STREET ADDRESS	2525 DRANE FIELD RD., SUITE 7		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CAMPANILE, LOUIS R JR.		4. 2 NAME	ALLEN K. NOBLES	
STREET ADDRESS	546 SPINNAKER		4.3 STREET ADDRESS	2720 PABLO AVE.	
CITY-ST-ZIP	WESTON FL 33326-2942		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	IPD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	NILES, GORDON R		5.2 NAME	RONALD E. RUBEN II	
STREET ADDRESS	2155 ART MUSEUM DRIVE		5.3 STREET ADDRESS	316 S. BAYLEN ST STE 300	
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	PED	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	MATHEWS, W. LANIER II		6.2 NAME		
STREET ADDRESS	P.O. BOX 188, N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34220		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ALLEN K. NOBLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)