

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90119 010 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # F98000006689

1. Corporation Name
JOHN CHANCE LAND SURVEYS, INC.



Principal Place of Business
**200 DULLES DRIVE
 LAFAYETTE LA 70506**

Mailing Address
**200 DULLES DRIVE
 LAFAYETTE LA 70506**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
12/09/1998

4. FEI Number
72-1431186

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RHINEHART, CHARLES G	
STREET ADDRESS	200 DULLES DRIVE	
CITY-ST-ZIP	LAFAYETTE LA 70506	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BELAIRE, DONNA D	
STREET ADDRESS	200 DULLES DRIVE	
CITY-ST-ZIP	LAFAYETTE LA 70506	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHILLER, JENNIFER L	
STREET ADDRESS	200 DULLES DRIVE	
CITY-ST-ZIP	LAFAYETTE LA 70506	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FONTENOT, SUNDRA T	
STREET ADDRESS	6100 HILLCROFT SUITE 700	
CITY-ST-ZIP	HOUSTON TX 77081	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, G-J	
STREET ADDRESS	6100 HILLCROFT SUITE 700	
CITY-ST-ZIP	HOUSTON TX 77081	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKER, PHILLIP	
STREET ADDRESS	6100 HILLCROFT SUITE 700	
CITY-ST-ZIP	HOUSTON TX 77081	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Jennifer Schiller **JENNIFER SCHILLER** 2-10-99 318-268-3203
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)