

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # **L86781** (6)

1. Corporation Name
ATLANTIC SURVEYING, INC.



Principal Place of Business Mailing Address
**405 S. DILLARD ST.
SUITE 117
WINTER GARDEN FL 34787
US**

3. Date Incorporated or Qualified **07/09/1990** 3a. Date of Last Report **04/24/1995**
4. FEI Number **65-0206545** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **NO SUITE NUMBER**
23 Zip Country 28 City & State
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**EDWARDS, ROBYN JO
405 S. DILLARD ST.
SUITE 117
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **NO SUITE NUMBER**
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 _____
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVSD <input type="checkbox"/> DELETE	1.1 TITLE	P V S D C M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ROBYN JO	1.2 NAME	EDWARDS, ROBYN JO
STREET ADDRESS	7040 LAKE ELLENOR DRIVE, SUITE 117	1.3 STREET ADDRESS	405 S DILLARD ST
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	WINTER GARDEN FL 34787
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILIPPO, DAVID M	2.2 NAME	DEFILIPPO, DAVID M.
STREET ADDRESS	115 MARK DAVID BLVD.	2.3 STREET ADDRESS	115 MARK DAVID BLVD
CITY-STATE-ZIP	CASSELBERRY FL 32707	2.4 CITY-STATE-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached page with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-2-96** Daytime Phone #: **407-656-4993**

CR2E034 (12/95)