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Mar 22, 1999 8:00 am
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03-22-1999 90121 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N27738

1. Corporation Name
INSTITUTE OF MAPPING SCIENCES, INC.

250895 - 90121 - 22

Principal Place of Business
18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON FL 32633
US

Mailing Address
18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON FL 32633
US



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 08/03/1988
22 City & State 27 City & State 4. FEI Number Applied For
23 Zip Country 28 Zip Country 59-2910683 Not Applicable
24 25 29 30 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GIBSON, DAVID W.
18221 COUNTY RD. 225
P.O. BOX 341
EVINSTON FL 32633
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	GIBSON, DAVID W. COUNTY ROAD 225, BOX 347 EVINSTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	GIBSON, BETTY J. COUNTY ROAD 225, BOX 347 EVINSTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	WHITEBREAD, VERONICA L. COUNTY ROAD 225 EVINSTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *D. Gibson* RECEIVED: *D. Gibson, Pres.* 3/12/99 352-392-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)