

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 10, 2004  
Secretary of State**

DOCUMENT# N27738

Entity Name: INSTITUTE OF MAPPING SCIENCES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2910683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBSON, DAVID W.  
18221 COUNTY RD. 225  
P.O. BOX 341  
EVINSTON, FL 32633

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIBSON, DAVID W.,  
Address: COUNTY ROAD 225, BOX 347  
City-St-Zip: EVINSTON, FL

Title: D ( ) Delete  
Name: GIBSON, BETTY J.,  
Address: COUNTY ROAD 225, BOX 347  
City-St-Zip: EVINSTON, FL

Title: D ( ) Delete  
Name: GIBSON, EVIN H  
Address: 18221 COUNTRY RD 225, PO BOX 347  
City-St-Zip: EVINSTON, FL 32633

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. GIBSON

PRES

07/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date