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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000067356 (4)

## FILED Apr 17 1998 8:00am Secretary of State

WADE	SURVEYING, INC.		(-)							
Principal Place of Business Mailing Address						-  I CONINERI DIA INION UNUN ARUM MANUK ESM	t obilo óliki többő tilő:	OMANO DINI OBEN		
138 SOUTH HIGHWAY 27/441 P.O. BOX 1212 LADY LAKE PLAZA LADY LAKE FL 32158-1212 LADY LAKE FL 32159							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
	. <u> </u>				_		09/20/1993			
2. Principal P	Place of Business	2a. Mai	ling Address				4. FEI Number		Applied For	
21		26	<del> </del>				59-3201446		Not Applicable	
Suite, Apt.	#, etc.	<b>├</b> ──1	Suite, Apt #, etc.				5. Certificate of Status Desired	1 7 ****	5 Additional	
22		27	City & State						Required	
City & Stat	e	ı '	·				6. Election Campaign Financing		May Be	
Zip	Country	28 Zip		Coun	try		Trust Fund Contribution		ed to Fees	
24	25	29		30			This corporation owes or has paid     Personal Property Tax due June	<del></del>	Intangible  No	
<u></u>	g. Name and Address of Curre		d Agent	1301			10. Name and Address of New Reg			
	ADE, DOUGLAS C		···· <del>X</del> -······	- 1	31 1	Vame				
	8 SOUTH HIGHWAY 27/441				20 0	Dec es A dideo	as (D.O. Day Number in Net Assessable	<u> </u>		
LADY LAKE PLAZA				1	32 5	Street Addre	ess (P.O. Box Number is Not Acceptabl	θ)		
	DY LAKE FL 32159			1	33				··	
				_						
					34 (	City		FL  85   Zi	ip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.15	08, Florida Statut	es, the abo	ove-n	amed corpo	oration submits this statement for the pu	rpose of changing	its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. S ations of, Sec	uch change was - ction 607.0505. Fil	authorized orida Statu	by th tes.	ne corporatio	on's board of directors. I hereby accept	the appointment	as registered	
SIGNATURE		. ,							Ì	
ORTATORE	Signature typed or printed name of registered ag			E: Rogistered	Agent s	signature requirer	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D D		DELETE	1.1 TITL		7		Chang	e L. Addition	
NAME	400 COUTU LIIOLINIAV 07/444				1.2 NAME					
STREET ADDRESS	LADY LAKE FL	1		1.3 STR						
CITY-ST-ZIP	DADY DAKE PL		DELETE	1.4 CITY	**	IP -	·	I Chann	e	
TITLE			☐ DELETE	2.1 TITL		1		Change	e Moderdon	
NAME				2.2 NAN						
STREET ADDRESS				2.3 STR						
CITY-ST-ZIP TITLE			DELETE	2. 4 CIT 3.1 TITL		£IP		Change	e	
NAME				3.2 NAM				sharp		
STREET ADDRESS				3.3 STR	-	DBESS				
CITY-ST-ZIP				3.4. C/T		1				
TITLE			DELETE	4 1 THL				☐ Changi	e 🔲 Addition	
NAME				4. 2 NAM				•		
STREET ADDRESS				4.3 STR	EET ADD	DRESS				
CITY-ST-ZIP				4.4 CITY	- ST - Z	MP				
TITLE			☐ DELETE	5.1 TITL	E		<u> </u>	Change	e Addition	
NAME				5.2 NAM	1E	j				
STREET ADDRESS				5.3 STR	ET ADO	DRESS			į	
CITY-ST-ZIP				5.4 CITY	- ST - Z	iP				
TITLE			DELETE	6.1 TITL	E			☐ Changi	e 🔲 Addition	
NAME	h .			6.2 NAM	ΙE	-			ļ	
STREET ADDRESS	:			6.3 STR	EET ADO	DRESS				
CITY-ST-ZIP	4.			6.4 CITY						
44 I hereby o	certity that the information supplied w	ath this filing i	does not auglify f	or the even	nntion	o stated in S	Section 119 07(3)(i). Florida Statutes, Life	urther certify that t	he information	

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 or an attachment with an address.

1/0/00 200 753