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

003044

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90021 035 ***150.00

DOCUMENT # P93000067356

1. Corporation Name
WADE SURVEYING, INC.

Principal Place of Business	Mailing Address
138 SOUTH HIGHWAY 27/441 LADY LAKE PLAZA LADY LAKE FL 32159	P.O. BOX 1212 LADY LAKE FL 32158-1212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/20/1993

2. Principal Place of Business	2a. Mailing Address
21 110 S. OLD DIXIE HWY	26 110 S. OLD DIXIE HWY.
Suite, Apt. #, etc. 22 /	Suite, Apt. #, etc. 27 /
City & State 23 LADY LAKE, FL	City & State 28 LADY LAKE, FL
Zip 24 32159 Country 25 LAKE	Zip 29 32159 Country 30 LAKE

4. FEI Number: 59-3201446 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

WADE, DOUGLAS C
138 SOUTH HIGHWAY 27/441
LADY LAKE PLAZA
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name: WADE, DOUGLAS C.
82 Street Address (P.O. Box Number is Not Acceptable): 110 S. OLD DIXIE HWY.
83
84 City: LADY LAKE, FL 85 Zip Code: 32159

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 _____ 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	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WADE, DOUGLAS C		1.2 NAME	
STREET ADDRESS	138 SOUTH HIGHWAY 27/441		1.3 STREET ADDRESS	110 S. OLD DIXIE HWY.
CITY-ST-ZIP	LADY LAKE FL		1.4 CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: SIGNATURE REQUIRED — 4/19/99 — 352-753-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #