

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90202 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000004972**

1. Corporation Name  
**BRITT SURVEYING, INC.**

Principal Place of Business Mailing Address  
 1426 WEST DUVAL STREET P.O. BOX 837  
 LAKE CITY FL 32025 LAKE CITY FL 32056-0837



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/10/1995**

4. FEI Number **59-3298235** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BRITT, LAUREN E**  
**1426 WEST DUVAL STREET**  
**LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

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 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 *Lauren E. Britt* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D BRITT, LAUREN E**

STREET ADDRESS **ROUTE 9 BOX 178**

CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE  DELETE

NAME **D BRITT, MARTIN S**

STREET ADDRESS **960 LENA LANE**

CITY-ST-ZIP **SARASOTA FL 34240**

TITLE  DELETE

NAME **D CULPEPPER, SANDRA B**

STREET ADDRESS **1030 ALBEE FARM ROAD**

CITY-ST-ZIP **VENICE FL 34292**

TITLE  DELETE

NAME **P BRITT, RANDALL E**

STREET ADDRESS **1452 KEYWAY RD**

CITY-ST-ZIP **ENGLEWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**  Change  Addition

1.2 NAME **BRITT, LAUREN E.**

1.3 STREET ADDRESS **1426 W. DUVAL ST.**

1.4 CITY-ST-ZIP **LAKE CITY, FL. 32025**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Randall E. Britt* President 1/11/99 941 493 1396  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)