

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000070178 (3)
 1. Corporation Name

GEOSPATIAL SOLUTIONS, INC.



Principal Place of Business

2074 ONONDAGA LN
 PUNTA GORDA FL 33983

Mailing Address

2074 ONONDAGA LN
 PUNTA GORDA FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

65 0776493

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

FORD, STEVEN L
 2074 ONONDAGA LN
 PUNTA GORDA FL 33983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS

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TITLE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME Change Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME Change Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME Change Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME Change Addition

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME Change Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME Change Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President Change Addition

Steven L. Ford

2074 Onondaga Ln.

Punta Gorda, FL 33983

Secretary Change Addition

Pamela R. Ford

2074 Onondaga Ln.

Punta Gorda, FL 33983

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.

SIGNATURE *[Signature]* 9/9/98 19980909

CR2E034 (5/98)