FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
1. Corporation Name	

(2)

BRUNER-MONGOVEN LAND SURVEYING, INC.

DHOREH MORACY EN ES ME					
Principal Place of Business	Maining Address	I INTERIOR DISTRICT	(14 1811 81811 81811 81811 91811 91811 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811		
16790 BACK BEACH RD. PANAMA CITY BEACH FL 32413	16780 BACK BEACH RD. PANAMA CITY BEACH FL 32413				
US	US	 Date Incorporated or Qualified 01/04/1991 	3a. Date of Last Report 04/19/1995		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		

21		26]				09-3042239		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, et	с.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	Orty & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Country	29	Zipi	30	ountry			_	tax under s. 199 032,
	9. Name and Address of Cu	rrent Reg	istered Agent		Τ		10. Name and Address of New	Registere	d Agent
					81	Name			
	MONGOVEN, MICHAEL W.			Trust Fund Contribution Added to Fees Country 8. This corporation has lability for intangible tax under s 199 032. Florida Statutes Yes No Agent 10. Name and Address of New Registered Agent					
16790 WEST HWY. 98 PANAMA CITY BEACH FL 32413				83					
					84	City		F	85 Zip Code
					1	l			

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	ggattina. Ig perklari par ted mari e of regularent lagent ar o to e i	Lagrane Selata (PAP)	TE Palighters 1 Apond signature resourced	when the states) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	٧	DELFIE	1 TITLE	☐ Change ☐ Addition		
NAMÉ	MONGOVEN, TIMOTHY T		1.2 NAME			
STREET ADDRESS	3715 GEORGE LANE		1.3 STREET ADDRESS			
C:TY-ST-ZiP	PANAMA CITY FL		14 0 PY - S1 - ZIP			
TI'LF	D	☐ DELETE	2 1 THEF	Change Add-tion		
NAME	MONGOVEN, GINGER S.		2.2 NAME			
STREET ADDRESS	1835 CINCINNATI AVE.		2 3 STREET ADDRESS			
CITY - ST - ZIP	PANAMA CITY FL		2.4 City - St - ZIP			
TITLE		DELETE	3 1 T!1LE	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			44 Cily - ST ZIF			
THTLE		□ DELETE	5 1 TITLE	☐ Change ☐ Addit-on		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 THEF	Change Addition		
NAME			€ 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6 4 C TV ST 710			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the conjuntation 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 Brock 13 if changed, or on an attachment with an address

SIGNATURE:

RINTER AME OF SIGNING OFFICER OR DIRECTOR

(904) 235-2293

CR2E034 (12/95)