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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BRUNER-MONGOVEN LAND SURVEYING, INC. Principal Place of Business Mailing Address 16790 BACK BEACH RD. PANAMA CITY BEACH FL 32413 16790 BACK BEACH RD PANAMA CITY BEACH FL 32413 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/04/1991 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3042259 Not Applicable 21 26 Suite, Apt. #, etc. Suito, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MONGOVEN, MICHAEL W. 16790 WEST HWY. 98 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32413 83 84 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 Signature, typed or printed name of orgettered askall and tipe if applicable (NOTE: Registered Agent signature required wher-reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME MONGOVEN. TIMOTHY J 1.2 NAME **3715 GEORGE LANE** STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MONGOVEN, GINGER S. NAME 2.2 NAME **1835 CINCINNATI AVE.** STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DÉLETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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. 4/24/00 (85) 225-2208

CITY-ST-ZIP

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FILED

May 01 1998 8:00am

Secretary of State