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Jan 22 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 # **S35642** (5)

1. Corporation Name
**ASSOCIATED LAND SURVEYING & MAPPING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 151 WYMORE RD.<br>STE 51008<br>ALTAMONTE SPRINGS FL 32714 | 151 WYMORE RD.<br>STE 51008<br>ALTAMONTE SPRINGS FL 32714 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1991

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 512 | Suite, Apt. #, etc.<br>27 512 |
| City & State<br>23 | City & State<br>28 |
| Zip / 24 — Country / 25 | Zip / 29 — Country / 30 |

4. FEI Number: 59-3051987 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BAUM, JOHN V.<br>213 S SWOOPE AVENUE<br>MAITLAND FL 32751 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ Signature of new registered agent if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | STC | ☐ DELETE | 1.1 TITLE | C/T | ☒ Change ☐ Addition |
| NAME | GANUNG, PATRICIA H. | | 1.2 NAME | | |
| STREET ADDRESS | 1860 CARRIN ST. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELTONA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REED, JACK D JR | | 2.2 NAME | | |
| STREET ADDRESS | 2855 KRAFT DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELTONA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCDERMOTT, DAVID M. | | 3.2 NAME | | |
| STREET ADDRESS | 260 COLUMBUS CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FARGASON, LEROY H JR | | 4.2 NAME | | |
| STREET ADDRESS | 13860 CARRIN ST | | 4.3 STREET ADDRESS | 1860 Carrin Street | |
| CITY-ST-ZIP | DELTONA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CUMMINS, MICHAEL D JR | | 5.2 NAME | | |
| STREET ADDRESS | 2758 SUSANDAY DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Rich, Karen L. | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 210 Pebble Court | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Deltona, FL 32725 | |

CR2E034 (10/97)

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: Patricia H. Ganung 1-8-98 (407)869-5302