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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **S35642**

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

Principal Place of Business	Mailing Address
~~151 WYMORE RD.~~ ~~512~~ ALTAMONTE SPRINGS FL 32714 US	~~151 WYMORE RD.~~ ~~512~~ ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 101 Wymore Road	26 101 Wymore Road
Suite, Apt. #, etc. 22 110	Suite, Apt. #, etc. 27 110
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714 Country 25 U.S.A.	Zip 29 32714 Country 30 U.S.A.

4. FEI Number: 59-3051987 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

BAUM, JOHN V.
213 S SWOOPE AVENUE
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ 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	1860 CARRIN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICH, KAREN L.		5.2 NAME		
STREET ADDRESS	210 PEBBLE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Patricia H. Ganung 1-5-99 (407) 869-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #