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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:39

DOCUMENT # **S92087** (3)
1. Corporation Name
BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
401 WHOOPING LOOP SUITE 1539 ALTAMONTE SPRINGS FL 32701 US	401 WHOOPING LOOP SUITE 1539 ALTAMONTE SPRINGS FL 32701 US

3. Date incorporated or Qualified 11/04/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3092437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. SUITE 1550	25 Suite, Apt. #, etc. SUITE 1550
23 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**BUCHHEIT, KIMBERLY A.
505-102 VIA DELL ORO DR.
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PVT
NAME	BUCHHEIT, KIMBERLY A.
STREET ADDRESS	505-102 VIA DELL ORO DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	S
NAME	BUCHHEIT, KIMBERLY A.
STREET ADDRESS	505-102 VIA DELL ORO DR.
CITY-ST-ZIP	ALTAMONTE SPINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUCHHEIT, KIMBERLY A.
1.3 STREET ADDRESS	505-102 VIA DELL ORO DR.
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON, MICHAEL S.
2.3 STREET ADDRESS	505-102 VIA DELL ORO DR.
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 by an attachment with an address

SIGNATURE: Kimberly A. Buchheit **KIMBERLY A. BUCHHEIT** 1/19/95 (407)331-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #