

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **401 WHOOPING LOOP SUITE 1550 ALTAMONTE SPRINGS FL 32701 US**
Mailing Address: **401 WHOOPING LOOP SUITE ~~650~~ 1550 ALTAMONTE SPRINGS FL 32701 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for State, Apt #, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **11/04/1991**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-3092437**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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 I accept the obligations of, Section 607.0902, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PTS	13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	BUCHHEIT, KIMBERLY A.	13.2 NAME	BUCHHEIT, KIMBERLY A
12.3 STREET ADDRESS	505-102 VIA DELL ORO DR.	13.3 STREET ADDRESS	
12.4 CITY, STATE, ZIP	ALTAMONTE SPRINGS FL	13.4 CITY, STATE, ZIP	
12.5 TITLE	V	13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	ROBINSON, MICHAEL S.	13.6 NAME	ROBINSON, MICHAEL S.
12.7 STREET ADDRESS	505-102 VIA DELL ORO DR.	13.7 STREET ADDRESS	
12.8 CITY, STATE, ZIP	ALTAMONTE SPRINGS FL	13.8 CITY, STATE, ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, STATE, ZIP		13.12 CITY, STATE, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, STATE, ZIP		13.16 CITY, STATE, 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing represents supplemental annual report in 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 and 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 of this filing. I certify under penalty of perjury with an affidavit.

SIGNATURE: DATE: **2/22/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407)331-0505

CR2E034 (12/95)