

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 460-1550 ALTAMONTE SPRINGS FL 32701 US**

3. Date Incorporated or Qualified: **11/04/1991**  
 3a. Date of Last Report: **02/29/96**

2. Principal Place of Business: **427 WHOOPING LOOP SUITE 1811**  
 2a. Mailing Address: **427 WHOOPING LOOP SUITE 1811**  
 21. City & State: **ALTAMONTE SPRINGS FL**  
 22. Zip: **32701**  
 23. Country: **US**

4. FEI Number: **59-3092437**  
 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 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 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 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	BUCHHEIT, KIMBERLY A.	
STREET ADDRESS	505-102 VIA DELL ORO DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBINSON, MICHAEL S.	
STREET ADDRESS	505-102 VIA DELL ORO DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUCHHEIT, KIMBERLY A
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON, MICHAEL S.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	200002164842
6.3 STREET ADDRESS	-05/05/97--01002--019
6.4 CITY-ST-ZIP	***165.00

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 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 hereinafter or in a statement with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/22/97** (407)331-0505