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FILED
Feb 13 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 # S92087 (3)
 1. Corporation Name
BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **427 WHOOPING LOOP SUITE 1811 ALTAMONTE SPRINGS FL 32701 US**

Mailing Address: **427 WHOOPING LOOP SUITE 1811 ALTAMONTE SPRINGS FL 32701 US**

3. Date Incorporated or Qualified: **11/04/1991**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip 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

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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: *Kimberly A. Buchheit* **KIMBERLY A. BUCHHEIT, PRESIDENT** **VOID N/A** **2/6/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **PTS** DELETE

NAME: **BUCHHEIT, KIMBERLY A.**

STREET ADDRESS: **505-102 VIA DELL ORO DR.**

CITY-ST-ZIP: **ALTAMONTE SPRINGS FL**

TITLE: **V** DELETE

NAME: **ROBINSON, MICHAEL S**

STREET ADDRESS: **505-102 VIA DELL ORO DR.**

CITY-ST-ZIP: **ALTAMONTE SPRINGS FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 registrar 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: *Kimberly A. Buchheit* **KIMBERLY A. BUCHHEIT** **2/6/98 (42)331-0505**

CFR2034 (10/97)