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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001849 (6)**

1. Corporation Name

FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Principal Place of Business

Mailing Address

**6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702**

**6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702-6624**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 PO Box 4711		4. FEI Number 59-2760532		Applied For Not Applicable	
22 City & State		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 SEMINOLE FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 33775-4711		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEANE, WILLIAM W
6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702**

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WOOD, JERRY	1.2 NAME	BOB G BATES, MCF, CFE
STREET ADDRESS	325 BEAVER LAKE RD.	1.3 STREET ADDRESS	ALACHUA COUNTY P/A
CITY-ST-ZIP	TALLAHASSEE FL 33312	1.4 CITY-ST-ZIP	P O BOX 23817
TITLE	VP	2.1 TITLE	VP
NAME	BOB BATES	2.2 NAME	DARLENE NESPOR, MCF
STREET ADDRESS	ALACHUA CO P/A	2.3 STREET ADDRESS	SANTA ROSA PLAN/ZONE
CITY-ST-ZIP	PO BOX 23817	2.4 CITY-ST-ZIP	6061 OLD BAGDAD HWY
TITLE	S	3.1 TITLE	
NAME	DELORES KAY FRYE	3.2 NAME	
STREET ADDRESS	CHARLOTTE CO P/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	120 ARLINGTON CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	KATHRYN WELBY	4.2 NAME	
STREET ADDRESS	PINELAS CO P/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	315 COURT ST	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JEFF MARSH	5.2 NAME	
STREET ADDRESS	INDIAN RIVER CO P/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	1840 25TH ST	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	JANET DEANE	6.2 NAME	KEITH B GAY
STREET ADDRESS	PINELAS COUNTY P/A	6.3 STREET ADDRESS	BROWARD COUNTY P/A
CITY-ST-ZIP	315 COURT ST	6.4 CITY-ST-ZIP	115 S ANDREWS AVE ROOM 111
	CLEARWATER FL 34616-5191		FT LAUDERDALE FL 33301

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathryn Welby

KATHRYN WELBY

3/4/97

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CR2E037 (9/96)