

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90105 001 ****61.25

DOCUMENT # N96000001849

1. Corporation Name

FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Principal Place of Business

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

Mailing Address

P O BOX 4711
SEMINOLE FL 33775-4711
US



3 99590 9 5 9 1 0 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

59-2760532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEANE, WILLIAM W
1597 62ND AVE NO
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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

TITLE P
NAME NESPOR, DARLENE
STREET ADDRESS 6051 OLD BAGDAD HWY
CITY-ST-ZIP MILTON FL 32583

TITLE VP
NAME CANTER, THOMAS
STREET ADDRESS 3404 ARGONAUT CT
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S
NAME FRYE, DELORES K
STREET ADDRESS 120 ARLINGTON CT. CHARLOTTE CO P/A
CITY-ST-ZIP PORT CHARLOTTE FL 33962

TITLE T
NAME WELBY, KATHRYN
STREET ADDRESS 315 COURT ST. PINELLAS CO P/A
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D
NAME MAASCH, JEFF
STREET ADDRESS 1840 25TH ST. INDIAN RIVER CO P/A
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D
NAME GAY, KEITH B
STREET ADDRESS 115 S ANDREWS AVE. ROOM 111
CITY-ST-ZIP FT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Canter, Thomas
1.3 STREET ADDRESS Don Property Tax Admin. Program
1.4 CITY-ST-ZIP 2410-A Alken Rd., Tallahassee, FL 32312

2.1 TITLE VP
2.2 NAME Keith Gay
2.3 STREET ADDRESS 1617 Johnson St.
2.4 CITY-ST-ZIP Hollywood, FL 33020

3.1 TITLE T
3.2 NAME Stewart Dary
3.3 STREET ADDRESS 7506 Sugar Blend Dr.
3.4 CITY-ST-ZIP Orlando, FL 32819

4.1 TITLE D
4.2 NAME Kevin Brown
4.3 STREET ADDRESS 1689 Susan Dr.
4.4 CITY-ST-ZIP Middleburg, FL 32068

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (407) 836-5376

CR2E037 (1/98)