## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**DURDEN LAND SURVEYORS, INC.** 

## **FILED** Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							r samenn kreit mehre feithe met effet mibit træte effet binnt gröft filmt gröft filmt gröft filmt				
1103 SOUTH THIRD ST. PO BOX 50670 JACKSONMILLE FL 32250			1103 SOUTH THIRD ST. PO BOX 50670 JACKSONVILLE FL 32250				DO NOT WRITE IN THIS SPACE				
							3. Date incorporated or Qualified 01/17/1969				
2.	Principal Place of Business	24	2a. Mailing Address				4. FEI Number	Applied For			
21		26					_59-1288216	Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.					8.75 Additional Fee Required			
23	City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24		29	Zip	30	untry		8. This corporation owes or has paid the current Personal Property Tax due June 30.				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
ANERN, FRED L., JR.					81	Name					
2216 SOUTH THIRD STREET SUITE 101					82	Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE BEACH FL 32250			83								
					84	City	FL <sup>18</sup>	Zip Code			
11	Pursuant to the provisions of Sections 607.05	02 and (	607.1508, Florida Statu	tes, the a	bove	e-named corp	oration submits this statement for the purpose of ch	anging 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	Signature, typed or printed name of registered agent and title if an	onlicable (NOTE	Registered Agent signature req	usited when reinstation)	DATE			
12,	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFIC				
TITLE	PO	DELETE	1.1 TITLE		☐ Change	Addition		
NAME	DURDEN, H BRUCE		1.2 NAME					
STREET ADDRESS	1103 SOUTH THIRD ST.		1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE		Change	Addition		
NAME	DURDEN, JANELL C		2.2 NAME					
STREET ADDRESS	1103 SOUTH THIRD STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE BCH FL		2 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TELE		☐ Change	Addition		
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP			·		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-21P			6.4 CITY - ST - ZIP					

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 supplierrental 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 if changed, or on an attachment with an address.