ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 477379 (2)

1. Corporation Name

SOUTHERN RESOURCE MAPPING CORP.

Principal Place of Business	Mailing Address
327 RIDGEWOOD AVE. HOLLY HILL FL 32117-4419	327 RIDGEWOOD AVE. HOLLY HILL FL 32117-4419

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/05/1975	05/19/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-1602835 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, BETTY JANE
327 RIDGEWOOD AVE.
HOLLY HILL FL 32117

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 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BUTLER, BETTY JANE	12 NAME	
STREET ADDRESS	120 OCEAN GROVE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BUTLER, WILLAM D.	22 NAME	
STREET ADDRESS	120 OCEAN GROVE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	TOSCAR, JOAN I.	32 NAME	
STREET ADDRESS	6124 DEL RIO DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BALL, ROBERT M PLS	42 NAME	
STREET ADDRESS	1320 FLEMMING ST., F-6	43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan T. Toscan 4-20-95 904-238-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B4B9 CP