

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 496834 (3)

1. Incorporation Number

BENCH MARK LAND SURVEYING & MAPPING, INC.

Principal Place of Business

4152 W. BLUE HERON BLVD., STE. 121
RIVIERA BCH. FL 33404

Mailing Address

4152 W. BLUE HERON BLVD., STE. 121
RIVIERA BCH. FL 33404



2. Participants in the Business

2a. Mailing Address

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State, Zip, & City

State, Zip, & City

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City & State

City & State

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Country

Zip

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Country

9. Name and Address of Current Registered Agent

VAN CAMPEN, WM. R.
4152 W. BLUE HERON BLVD.
SUITE 121
RIVIERA BEACH FL 33404

81 Name

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

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84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/17/1976

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1650912

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

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

10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida and a majority of the Board of Directors of the above named corporation, submit this statement for the purpose of changing its registered office to the 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 will accept the obligations of Section 607.05(4), Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

DATE

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NAME

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PTS
VAN CAMPEN, WILLIAM R.
4152 W. BLUE HERON BLVD.
WEST PALM BEACH FL

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1. TITLE

[] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

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6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

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10. NAME

11. STREET ADDRESS

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23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

[] Change [] Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (407) 848-2102

CR2E034 (12/95)