

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524886 (9)

1. Corporation Name

CADASTRAL SURVEYORS, INC.



Principal Place of Business

1430 S.E. 16TH PLACE
CAPE CORAL FL 33990

Mailing Address

1430 S.E. 16TH PLACE
CAPE CORAL FL 33990

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SHORT, VERONICA
2723 SE 24TH AVENUE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

02/01/1977

3a. Date of Last Report

02/17/1995

4. FEI Number

59-1717556

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

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 607.002 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 607.006, Florida Statutes.

SIGNATURE

Agent's Signature (print name and title of the agent)

Director's Signature (print name and title of the director)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY-ST-ZIP	1.4 CITY-ST-ZIP
5. TITLE	2.1 TITLE
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY-ST-ZIP	2.4 CITY-ST-ZIP
9. TITLE	3.1 TITLE
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY-ST-ZIP	3.4 CITY-ST-ZIP
13. TITLE	4.1 TITLE
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY-ST-ZIP	4.4 CITY-ST-ZIP
17. TITLE	5.1 TITLE
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY-ST-ZIP	5.4 CITY-ST-ZIP
21. TITLE	6.1 TITLE
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY-ST-ZIP	6.4 CITY-ST-ZIP

P
SHORT, VERONICA
2723 S E 24TH AVE
CAPE CORAL FL

ST
SHORT, JOHN B
1219 SE 15TH ST
CAPE CORAL FL

EV
BUNCK, TIMOTHY MARTIN
4608 SE 6 AVE., APT #2-C
CAPE CORAL FL

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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)(k), 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, upon an attachment with an address.

SIGNATURE: VERONICA M. SHORT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 941 574-5252
DATE DAYTIME PHONE #

CR2E034 (12/95)