


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

FILED
Jul 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 534032 (8)
1. Corporation Name
STEPHENSON SURVEYING, INC.



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| Principal Place of Business 204 NORTH RAILROAD STREET BUNNELL FL 32110 | Mailing Address P.O. BOX 1836 SOUTH RAILROAD ST. BUNNELL FL 32110-1836 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | 3. Date Incorporated or Qualified 05/18/1977 3a. Date of Last Report 09/13/1996 4. FEI Number 59-1843020 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent WILCOX, DAN A RT. 1 BOX 217-1 BUNNELL FL 32110 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---------------------------|
| TITLE | P | 1.1 TITLE | D |
| NAME | WILCOX, DAN A JR. | 1.2 NAME | DAVID TROY WILCOX |
| STREET ADDRESS | 204 NORTH RAILROAD STREET | 1.3 STREET ADDRESS | 204 NORTH RAILROAD STREET |
| CITY-ST-ZIP | BUNNELL FL 32110 | 1.4 CITY-ST-ZIP | BUNNELL FL 32110 |
| TITLE | S | 2.1 TITLE | D |
| NAME | WILCOX, JUANA | 2.2 NAME | AMY W SHUMATE |
| STREET ADDRESS | 204 NORTH RAILROAD STREET | 2.3 STREET ADDRESS | 204 NORTH RAILROAD STREET |
| CITY-ST-ZIP | BUNNELL FL 32110 | 2.4 CITY-ST-ZIP | BUNNELL FL 32110 |
| TITLE | VP | 3.1 TITLE | D |
| NAME | WILCOX, DAN A | 3.2 NAME | DAWN W. KINNEY |
| STREET ADDRESS | 204 NORTH RAILROAD STREET | 3.3 STREET ADDRESS | 52 PARK PLACE |
| CITY-ST-ZIP | BUNNELL FL 32110 | 3.4 CITY-ST-ZIP | BUNNELL FL 32110 |
| TITLE | M | 4.1 TITLE | D |
| NAME | | 4.2 NAME | MELISSA W. SALYERDS |
| STREET ADDRESS | | 4.3 STREET ADDRESS | POB 351922 N/A |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | PALM COAST, FL 32135 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
3/1/98 944-432-2343

CR2E034 (9/96)