

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 534032 (8)
1. Corporation Name
STEPHENSON SURVEYING, INC.

Principal Place of Business
204 NORTH RAILROAD STREET
BUNNELL FL 32110

Mailing Address
P.O. BOX 1836
SOUTH RAILROAD ST.
BUNNELL FL 32110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1843020	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
				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

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	DIRECTOR
NAME	WILCOX, DAN A JR.	1.2 NAME	MELISSA W SALYERDS
STREET ADDRESS	204 NORTH RAILROAD STREET	1.3 STREET ADDRESS	611 NORTH WEST FRANK ST.
CITY-ST-ZIP	BUNNELL FL 32110	1.4 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	S	2.1 TITLE	
NAME	WILCOX, JUANA	2.2 NAME	
STREET ADDRESS	204 NORTH RAILROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	WILCOX, DAN A	3.2 NAME	
STREET ADDRESS	204 NORTH RAILROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WILCOX, DAVID T	4.2 NAME	
STREET ADDRESS	204 NORTH RAILROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SHUMATE, AMY W	5.2 NAME	
STREET ADDRESS	204 NORTH RAILROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KINNEY, DAWN W	6.2 NAME	
STREET ADDRESS	52 PARK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	6.4 CITY-ST-ZIP	

14. 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 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:

Charles H. Wilcox

4-13-98

QD4-427-2363

CR2E034 (10/97)