DOCUMENT # 534032

1. Corporation Name STEPHENSON SURVEYING, INC.



Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

02-27-1999 90030 018 ***158.75



Principal Place of Business Mailing Address						† 100(E) 0)100 21121 0(U)1 00130 11110 110) 910)	I BIBIT WINTS BENEFI BE	(BI) \$1011 1881
204 NORTH RAILROAD STREET P.O. BOX 1836 BUNNELL FL 32110 SOUTH RAILROAD ST. BUNNELL FL 32110						Do not write in th	IIS SPACE	
		DUNNELL PL 32110			ŀ	3. Date Incorporated or Qualifed	7,02	
					İ	05/18/1977		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	26					59-1843020	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e 22						5. Certificate of Status Desired	\$8.75 A Fee Re	(
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country 25	Zip 30	Country			This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
1441.4	207 201		81	Name				
	COX, DAN A		82	Street	Address	s (P.O. Box Number is Not Acceptable)		
	1 BOX 217-1							
BUN	NELL FL 32110		83					
			84	City			. 85 Zip C	ode
						<u>F</u>	-	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corp	oration's	tion submits this statement for the purpose s board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Rec	gistered Agen	t signature i	required wh	nen reinstating) DATE		
12.	OFFICERS AND		13.		T 55.7	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition
TITLE	P	⊠ DELETE	1,1 TITLE			SIDENT HAB WILCOX, DAVID T	Change	☐ Audinon
NAME	WILCOX, DAN A JR.		1.2 NAME		- DM	4 NORTH RAILROND ST		
STREET ADDRESS				ADDRESS	1	•		
CITY+ST-ZIP	BUNNELL FL 32110	9	1.4 CITY-S	T- ZIP	Bu	nnell, FL 32110 E PRÉSIDENT	Change Ch	Addition
TITLE	S	STAYS THE SAME	2.1 TITLE			LCOX, DAN A. JR.	Es Change	
NAME	WILCOX, JUANA		2.2 IV disc.			4 NORTH RAILROAD	57	
STREET ADDRESS	_			ADDRESS	1			-
CITY-ST-ZIP	BUNNELL FL 32110	⊠ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP		NNELL, FL 32110	Change	Addition
TITLE	VP	PA OLEC 1E	3.2 NAME			COK, DAN A.	g	
NAME	WILCOX, DAN A 204 North Railroad Street			ADDRESS	200	4 NORTH RAILROAD ST		
STREET ADDRESS	1		3.4. CITY-S		8	NNELL, FL 32110		
CITY-ST-ZIP TITLE	BUNNELL FL 32110	™ DELETE	4.1 TITLE	1.71	+ 241	<u></u>	[] Change	Addition
NAME	WILCOX, DAVID T	— "	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS	.]			
CITY-ST-ZIP	BUNNELL FL		4.4 CITY-ST					
TITLE	D	☐ DELETE	5.1 TITLE		1		Change	Addition
NAME	SHUMATE, AMY W		5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	BUNNELL FL		5.4 CITY-ST	r-ZIP				j
TITLE	D	☐ DELETE	6.1 TITLE		 		☐ Change	Addition
NAME	KINNEY, DAWN W		6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS	1			

BUNNELL FL 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: