


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

FILED

Feb 02 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 # 598710 (2)
1. Corporation Name
BRIGHAM SURVEYING, INC.



Principal Place of Business 712 SHAMROCK BLVD VENICE FL 34293	Mailing Address 712 SHAMROCK BLVD VENICE FL 34293
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1869038	
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 BRIGHAM, RAYMOND T. 629 MICHIGAN DRIVE NORTH VENICE FL 34293				10. Name and Address of New Registered Agent			
				81	Name RAYMOND T. BRIGHAM		
				82	Street Address (P.O. Box Number is Not Acceptable) 3849 WOODMEERE PARK BLVD.		
				83	APT. 16		
				84	City VENICE	85	Zip Code 34293

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 *Raymond T. Brigham* DATE 1/20/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PT			1.1 TITLE	PT		
NAME	BRIGHAM, RAYMOND T.			1.2 NAME	RAYMOND T. BRIGHAM		
STREET ADDRESS	629 MICHIGAN DRIVE NORTH			1.3 STREET ADDRESS	3849 WOODMEERE PARK BLVD.		
CITY-ST-ZIP	VENICE FL 34293			1.4 CITY-ST-ZIP	VENICE, FL 34293		
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VS			2.1 TITLE			
NAME	BRIGHAM, MEGARIE S			2.2 NAME			
STREET ADDRESS	629 MICHIGAN DRIVE NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	V			3.1 TITLE	VS		
NAME	SCHREMSHOCK, DAVID B.			3.2 NAME	DAVID B. SCHREMSHOCK		
STREET ADDRESS	5265 ALAMETOS TERRACE			3.3 STREET ADDRESS	5265 ALAMETOS TERRACE		
CITY-ST-ZIP	NORTH PORT FL 34287			3.4 CITY-ST-ZIP	NORTH PORT, FL. 34287		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Raymond T. Brigham* REQUIRED DATE 1/20/98 741-493-4433
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/97)