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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 647257 (5)

1. Corporation Name  
COMPUTER MAPPING SERVICES INC.

Principal Place of Business  
4053 LAKE WORTH ROAD  
LAKE WORTH FL 33461

Mailing Address  
4053 LAKE WORTH ROAD  
LAKE WORTH FL 33461-3924



3. Date Incorporated or Qualified 12/05/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2469532

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

9. Name and Address of Current Registered Agent

BOSWORTH, BARRY D.  
4053 LAKE WORTH ROAD  
LAKE WORTH FL 33461

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BILL BOSWORTH, FRANCIS F  
STREET ADDRESS 222 ALHAMBRA PLACE  
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

TITLE D  
NAME MAYO, WAYLAND MCCOY  
STREET ADDRESS 5970 PURDY LN.  
CITY-ST-ZIP W. PALM BEACH FL

☒ DELETE

TITLE P  
NAME BOSWORTH, BARRY D.  
STREET ADDRESS 1000 PASEO CASTALLA  
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST  
1.2 NAME SHEILA M. CAMPBELL  
1.3 STREET ADDRESS 140 PERRY AVENUE  
1.4 CITY-ST-ZIP LAKE WORTH, FL

☐ Change

☒ Addition

2.1 TITLE D  
2.2 NAME CHRIS GILLETTE  
2.3 STREET ADDRESS 398 KNOTTY WOOD LANE  
2.4 CITY-ST-ZIP W.P.B., FL

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE: Sheila M. Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHEILA M. CAMPBELL S.T. 4/23/97 (561) 965-4479

CR2E034 (9/96)