FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724476** **(7)**

1. Corporation Name
FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETRY, INC

Principal Place of Business	Mailing Address
100 8TH AVE SE ST. PETERSBURG FL 33701	100 8TH AVE SE ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1972
3a. Date of Last Report: 04/04/1994
4. FEI Number: 54-1386893 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGARRY MACAULAY, GAIL
FLORIDA MARINE RESEARCH INSTITUTE
100 8TH AVE SE
ST PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☒ Addition
NAME	BENWARE, EUGENE	1.2 NAME		
STREET ADDRESS	7786 39TH TERR N	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	33709	
TITLE	PP	2.1 TITLE		☐ Change ☒ Addition
NAME	CLAPP, CORNELL	2.2 NAME		
STREET ADDRESS	1722 W OAK RIDGE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32859	
TITLE	ST	3.1 TITLE	DIRECTOR (D)	☒ Change ☐ Addition
NAME	MACAULAY	3.2 NAME	MacAulay, Gail McGarry	
STREET ADDRESS	100 8TH AVE SE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	33701	
TITLE	S	4.1 TITLE	Secretary/Treasurer (S/T)	☒ Change ☐ Addition
NAME	DEGNER, JANET D.	4.2 NAME	Burroughs, Brenda S.	
STREET ADDRESS	512 WEIL HALL	4.3 STREET ADDRESS	6965 T.G. Lee Blvd., Suite 150	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	WATTS, CHARLES	5.2 NAME		
STREET ADDRESS	4 SIGNAL AVE ORMOND BCH AIPORT BUS PK	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	32174	
TITLE	D	6.1 TITLE		☒ Change ☒ Addition
NAME	DEWITT, BON	6.2 NAME		
STREET ADDRESS	346 WEIL HALL	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	32611	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail McGarry MacAulay Gail McGarry MacAulay 4/10/95 (813) 896-8626
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0014469