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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

724476

(7)

FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETR

| Y, INC | | | | | | | | | |
|---|---|---|---------------------|---------------------|-------------------------|---|--|------------------------------|---|
| Principal Place | of Business | Mailing Address | | | | 1 100 Hill 100 Hour Avan Over Con- | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 100 8TH AVE ST. PETERSBU | | 100 8TH AVE SE St. Petersburg Fl 3 | 3701 | | | | | | |
| | | | | | | Date Incorporated or Qualified 10/03/1972 | 3a. Date of Last Report 04/18/1995 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | | 4. FEI Number Applied For 54-1386893 Not Applicable | | |
| 26 | | | | | | 24-1300093 | \$8.75 Additional | | |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Required |
| City & State | | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 3 | , | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for i | ntangible ta | k under s. | 199.032, |
| 4 | 25 | 29 | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Address of the | | | |
| | | | | 82 | 1 | CO. Day Number is Not Associated | 10) | | |
| MCGARE | MCGARRY MACAULAY, GAIL | | | | | Address (P.O. Box Number is Not Acceptable) | | | |
| FLORIDA MARINE RESEARCH INSTITUTE 100 BTH AVE SE | | | | | | | | | |
| 100 81H | AVE SE | | | - | Other | | | 85 Z | o Code |
| | RSBURG FL 33701 | | 84 City | | | | FL | | |
| | red agent, or both, in the State of Flo ith, and accept the obligations of, Se | rioa. Such Change was authoria ction 617.0503, Florida Statutes | S. | | OI CHIOIT S | orporation submits this statement for the pur board of directors. I hereby accept the app | DATE | registered | agent. ram |
| SIGNATURE . | Signature, typed or printed name of registered age | , it does not spin | | Age | nt signature s | equired when reinstating) ADDITIONS/CHANGES TO OFF | | DIRECTO | DRS IN 12 |
| 12. | OFFICERS A | ND DIRECTORS | 13. 11 I | ITI F | | P | | Change | Addition |
| TITLE | _ | | | IAME | | Oh - L. Lizette | _ | | |
| NAME | BENWARE, EUGENE | | | | T ADDRESS | 4 Signal Ave , or mord Buch! | Airport 6 | us. Har | A p c |
| STREET ADDRESS | 7786 397H TERR N ST PETERSBURG FL | | 1 | | ST - ZIP | ormand Beach, PL 32 | <u> 14</u> | | |
| CITY-ST-ZIP TITLE | PP | DELETE | 21 T | | | 66 | | Change | Addition Addition |
| NAME | CLAPP, CORNELL | | 22 N | IAME | | Eugene Benware 7786 39th Terr N. | | | |
| STREET ADDRESS | 1722 W OAK RIDGE RD | | 235 | STREE | T ADDRESS | 7786 39th Terr W. | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 | CITY- | ST-ZIP | St. Petersburg, FL 33 | 709 | | Addition |
| TITLE | D | DELETE | 3.1 1 | TITLE | | - | | ☐ Change | E Addition |
| NAME | MACAULAY, GAIL MCGARR | iY | | NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | 2224 | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | DELETE | | CHY- | -S(-ZIP) | 33701 | . | Change | ☐ Addition |
| TITLE | ST DUDOUGLE DEFNER C | | | NAMI | | | | | |
| NAME | BURROUGHS, BRENDA S. | 150 | | | et address | 5850 T. G. Lee Blud. # | P2D | | |
| STREET ADDRESS | 5955 T.G. LEE BLVD., STE ORLANDO FL | 150 | | | ST-ZIP | orlando, PL 32827 | <u>-</u> | | |
| CITY-ST-ZIP | VR. | ₩ DELETE | | TITLE | | D | | Change | Addition. |
| NAME | WATTS, CHARLES | | 52 | NAME | | Bon Dewitt | | | |
| STREET ADDRESS | ANALIA III ANALANIA | BCH AIPORT BUS PK | 53 | STREE | et address | 346 wail Hell | | | |
| CITY-ST-ZIP | ORMOND BCH FL | | | 5.4 CITY - ST - ZIP | | Gainoville, PL 3261 | | ☐ Change | Addition |
| TITLE | D | | | 61 TITLE | | 57 | | □ cuanha | Manifoli |
| NAME | DEWITT, BON | | 6.2 | NAM | | Gary Florence 2379 Broad Street | | | |
| STREET ADDRESS | T | | | | | Brooksville, P. 14560 | a | | |
| CITY-ST-ZIP | GAINESVILLE FL | ad with this filing is voluntarily fi | Talle and and | ملم لد | -ST-ZIP bes not au | all to the exemption stated in Section 11 | 9 OZ(3Vk) - FI | orida Stati | utes. I further |
| certify th | eby certify that the information suppli- nat the information indicated on this a at I am an officer or director of the co- in Block 12 or Block 13 if changed, | migar report of supplemental at monation or the receiver of frus | stee empoy | t is t | true and a d to exec | tally to the exhibition stated in second that my signature shall have the this report as required by Chapter 617, | e same lega Florida Statu | il effect as ites; and ti | ir made under hat my name |

S Bereite & Brenda S. Burrughs

4-19-96 (407)856-7828
Daytin to Phone #

CR2E037 (12/95)