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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724476 (7)

1. Corporation Name

FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETRY,
INC

Principal Place of Business

100 8TH AVE SE
ST. PETERSBURG FL 33701

Mailing Address

100 8TH AVE SE
ST. PETERSBURG FL 33701-50203. Date Incorporated or Qualified
10/03/19723a. Date of Last Report
04/24/19964. FEI Number
54-1386893Applied For
Not Applicable

2. Principal Place of Business

21 1/2 Greenhome & O'Mara

22 9800 4th ST. N. Suite 202

23 St. Petersburg

24 FL

25 33702

2a. Mailing Address

26 1/2 Greenhome & O'Mara

27 9800 4th ST. N. Suite 202

28 St. Petersburg

29 FL

30 33702

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 GARY FLORENCE
82 Street Address (P.O. Box Number is Not Acceptable)
Greenhome & O'Mara, Inc
83 9800 4th ST, North, suite 202
84 City St. Petersburg FL 85 Zip Code 3370211. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.SIGNATURE: Gary Florence, Florida Region ASPRS Secretary/Treasurer 1/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WATTS, CHARLES
STREET ADDRESS 4 SIGNAL AVE, ORMOND BCH AIRPORT BUS. PARK
CITY-ST-ZIP ORMOND BCH FLTITLE PP ☐ DELETE
NAME BENWARE, EUGENE
STREET ADDRESS 7786 39TH TERR, N
CITY-ST-ZIP ST PETERSBURG FLTITLE D ☐ DELETE
NAME MACAULAY, GAIL MCGARRY
STREET ADDRESS 100 8TH AVE SE
CITY-ST-ZIP ST. PETERSBURG FLTITLE VP ☐ DELETE
NAME BURROUGHS, BRENDA S.
STREET ADDRESS 5850 T.G. LEE BLVD, #650
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME DEWITT, BEN
STREET ADDRESS 346 WAIL HALL
CITY-ST-ZIP GAINESVILLE FLTITLE ST ☐ DELETE
NAME FLORENCE, GARY
STREET ADDRESS 2379 BROAD ST
CITY-ST-ZIP BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 327 Ridgewood Ave.,
1.4 CITY-ST-ZIP Holly Hill, FL 321172.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 9800 4th St. North, Suite 202
6.4 CITY-ST-ZIP St. Petersburg, FL 3370214. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.023(1), 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 as an attachment with an address.SIGNATURE: Gary Florence, Gary R. Florence Jan 20, 1997 (813) 576-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049831

CR2E037 (9/96)