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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724476

1. Corporation Name

FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETRY, INC

Principal Place of Business

C/O GREEBORNE & O'MARA, INC.
9800 4TH ST. N., SUITE 202
ST. PETERSBURG FL 33702
US

Mailing Address

C/O GREENHORNE & O'MARA, INC.
9800 4TH ST. N., SUITE 202
ST. PETERSBURG FL 33702
US



2. Principal Place of Business

21 **Greenhorne & O'Mara, Inc**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/03/1972

4. FEI Number

54-1386893

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

Suite, Apt. #, etc.

22 **9800 4th St. N Suite 202**

City & State

23 **St. Petersburg FL**

Zip

24 **33702**

Country

25 **US**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FLORENE, GARY
C/O GREENHORNE & O'MARA INC.
9800 4TH ST. N., SUITE 202
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

Kathleen O'Keefe

82 Street Address (P.O. Box Number is Not Acceptable)

90 Greenhorne & O'Mara, Inc.

83

9800 4th St. N. Suite 202

84 City

St. Petersburg

FL

85 Zip Code

33702

11. 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 **Kathleen O'Keefe**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WATTS, CHARLES**
STREET ADDRESS **327 RIDGEWOOD AVE.**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE **PP** ☒ DELETE
NAME **BENWARE, EUGENE**
STREET ADDRESS **7786 39TH TERR, N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **MACAULAY, GAIL MCGARRY**
STREET ADDRESS **100 8TH AVE SE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP** ☐ DELETE
NAME **BURROUGHS, BRENDA S.**
STREET ADDRESS **5850 T.G. LEE BLVD, #650**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **DEWITT, BEN**
STREET ADDRESS **346 WAIL HALL**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ST** ☐ DELETE
NAME **FLORENCE, GARY**
STREET ADDRESS **9800 4TH ST. NORTH, SUITE 202**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **ST** ☐ Change ☒ Addition
2.2 NAME **KATHLEEN O'KEEFE**
2.3 STREET ADDRESS **9800 4th St. N. Suite 202**
2.4 CITY-ST-ZIP **ST PETERSBURG FL 33702**

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

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE **VP** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathleen O'Keefe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/13/99

Daytime Phone #

813 576 0402

CR2E037 (11/98)