

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90050 038 \*\*\*150.00

DOCUMENT # F97000005420

1. Corporation Name

GMR AERIAL SURVEYS, INC.

Principal Place of Business

2670 WILHITE DR  
LEXINGTON KY 40303  
US

Mailing Address

2670 WILHITE DR  
LEXINGTON KY 40503  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

61-1183895

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 40503

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE

NAME RITCHIE, G. MICHAEL  
STREET ADDRESS 2670 WILHITE DR.  
CITY-ST-ZIP LEXINGTON KY 40503

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME MEADE, MARK E  
STREET ADDRESS 2670 WILHITE DR.  
CITY-ST-ZIP LEXINGTON KY 40503

1.2 NAME ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME QUALLS, WILLIAM H  
STREET ADDRESS 2670 WILHITE DR.  
CITY-ST-ZIP LEXINGTON KY 40503

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME RITCHIE, JOANN  
STREET ADDRESS 2315 NICHOLASVILLE RD.  
CITY-ST-ZIP LEXINGTON KY 40503

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME FOOR, KRISTIN E  
STREET ADDRESS 2670 WILHITE DR.  
CITY-ST-ZIP LEXINGTON KY 40503

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 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 607, 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:

GMR AERIAL SURVEYS, INC. Michael Ritchie

Date

Daytime Phone #

3/15/99 606/277-8700

CR2E034 (11/98)

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