FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G36616** **(2)**

1. Corporation Name
SUNBELT SURVEYORS, INC.

Principal Place of Business
7501 124TH AVE N
GATOR VI-G
LARGO FL 34643
US

Mailing Address
7501 124TH AVE. N.
GATOR VI-G
LARGO FL 34643
US

3. Date Incorporated or Qualified: 04/29/1983
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2294576 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SAWYER, JOHN F.
5202 SAN JUAN AVENUE
JACKSONVILLE FL 32210

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

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	CUTLER, MILLARD L	
STREET ADDRESS	1461 75TH CIRCLE N.E.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	PSTD	☐ DELETE
NAME	SAWYER, JOHN F	
STREET ADDRESS	5202 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	JENKINS, RICHARD J PLS	
STREET ADDRESS	5202 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	JOHNS, ARNOLD J PLS	
STREET ADDRESS	5202 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	SAWYER, RICHARD J	
STREET ADDRESS	5202 SAN JUAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	SAWYER, FRANK J	
STREET ADDRESS	7501 124TH AVE. N., GATOR VI-G	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	☐ Change ☒ Addition
1.2 NAME	Terry MARK Durden	
1.3 STREET ADDRESS	258 Laguna CT	
1.4 CITY-ST-ZIP	St Augustine, FL 32086	
2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	LOUIS D. NASH	
2.3 STREET ADDRESS	31830 TRILBY ROAD	
2.4 CITY-ST-ZIP	DADE CITY, FL 33525	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ 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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (Date) 813-538-2581 (Daytime Phone #)

CR2E034 (12/95)