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May 08 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

7501 124TH AVE N
GATOR VLG
LARGO FL 34643
US5202 San Juan Ave
Jacksonville, FL
322107501 124TH AVE. N.
GATOR VLG
LARGO FL 33773-3043
US5202 San Juan Ave
Jacksonville, FL
32210

2. Principal Place of Business

2a. Mailing Address

21 5202 San Juan Ave.

26 5202 San Juan Ave.

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32210

25 USA

29 32210

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, JOHN F.
5202 SAN JUAN AVENUE
JACKSONVILLE FL 32210

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 DV
NAME CUTLER, MILLARD L
STREET ADDRESS 1461 75TH CIRCLE N.E.
CITY- ST- ZIP ST. PETE FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE PSTD
NAME SAWYER, JOHN F
STREET ADDRESS 5202 SAN JUAN AVE.
CITY- ST- ZIP JACKSONVILLE FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE DV
NAME DURDEN, TERRY M
STREET ADDRESS 258 LAGUNA CT
CITY- ST- ZIP ST AUGUSTINE FL
☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE DV
NAME NASH, LOUIS D
STREET ADDRESS 31830 TRILNY RD
CITY- ST- ZIP DADE CITY FL
☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ AdditionTITLE D
NAME SAWYER, FRANK J
STREET ADDRESS 7501 124TH AVE. N., GATOR VLG
CITY- ST- ZIP LARGO FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 5202 San Juan Ave.
5.4 CITY- ST- ZIP Jacksonville, FL 32210
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)