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 # **G80200** **(0)**

1. Corporation Name

TRI-COUNTY ENGINEERING AND LAND SURVEYING ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
~~10911 SE US HIGHWAY 441~~ ~~P. O. BOX 2541~~ ~~BELLEVIEW FL 34420~~	~~10911 SE US HIGHWAY 441~~ ~~P. O. BOX 2541~~ ~~BELLEVIEW FL 34420~~

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21: 19240 E. PENNSYLVANIA AVE.
22: Suite, Apt. #, etc.
23: City & State: DUNNELLON FL
24: Zip: 34432
25: Country: MARION

2a. Mailing Address
26: P.O. Box 2031
27: Suite, Apt. #, etc.
28: City & State: DUNNELLON FL
29: Zip: 34430
30: Country: MARION

4. FEI Number: 59-2479845 — 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

~~WILLIAMS, E. M.~~
~~10911 SE US HIGHWAY 441~~
~~BELLEBIEW FL 34420~~

10. Name and Address of New Registered Agent

81 Name: STEPHEN B. WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 19240 E. PENNSYLVANIA AVE.
83:
84 City: DUNNELLON, FL 85 Zip Code: 34432

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: Stephen B. Wilson, PRESIDENT — DATE:
Signature required or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, STEPHEN B. P.O. BOX 2525 N/A DUNNELLON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P STEPHEN B. WILSON 11051 S.E. 40th. ST. MORRISTON, FL. 32668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, TERRY 106 PALATKA DR DUNNELLON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP ROBERT T. WILLIAMS 106 PALATKA DRIVE DUNNELLON, FL. 34431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~WISHAM, RICHARD A.~~ ~~13380 S.E. 36 AVE~~ ~~BELLEVIEW FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~WILLIAMS, E.M.~~ ~~6730 SW 190 CIRCLE~~ ~~DUNNELLON FL~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Stephen B. Wilson — 5-15-96 — 352-489-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #