

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36543** (7)

1. Corporation Name:
BUD HART SURVEYING, INC.



Principal Place of Business: P.O. BOX 115, P. O. BOX 115 (OKAWAHA 32179), SILVER SPRINGS FL 34489-7115
Mailing Address: P.O. BOX 115, P. O. BOX 115 (OKAWAHA 32179), SILVER SPRINGS FL 34489-7115

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/31/1984	04/21/1995
4. FEI Number	Applied For
59-2494324	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HART, EUGENE F.
4755 SE 160TH COURT
OKLAWAHA FL 34489

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.09(2) 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, Sections 607.09(2), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, EUGENE F.	2. NAME	
STREET ADDRESS	4755 SE 160TH COURT	3. STREET ADDRESS	
CITY-STATE-ZIP	OKLAWAHA FL	4. CITY-STATE-ZIP	
TITLE	DVP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, BONNIE D.	2. NAME	
STREET ADDRESS	4755 SE 160TH COURT	2. STREET ADDRESS	
CITY-STATE-ZIP	OKLAWAHA FL	2. CITY-STATE-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		3. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE-ZIP		5. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE-ZIP		6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is true and correct and does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental financial report is true and correct 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: *Eugene F. Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46194 352625-9270
DATE: 04/21/95

CFR2E034 (12/95)