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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

.117971

(9)

1. Corporation I	Name SURVEYING, INCORPORA	TED			
Principal Place o	of Business	Mailing Address			T TEN BIRK BENIN ALBU ALARE ALAK ATAN
5021 EGGLESTON AVENUE P.O. BOX 608438					
"A" ORLANDO FL 32804-1147		P. O. BOX 608438 ORLANDO FL 32810-8438			T =
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
Deignale of Direct	on of Puniposs	2a. Mailing Address		05/30/1986 4. FEI Number	03/06/1995 Applied For
 Principal Place 	ge of business	26		59-3046189	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Zip	Country	28 Zip	Country	8. This corporation has liability for it	
4	25	29	30	Flonda Statutes	
	9. Name and Address of Curre	nt Registered Agent	81 Name 12	10. Name and Address of New R	
5613 M	OAT COURT DO FL 12810		82 Street Add 83 64 City UK	ONALD LEE HOU ress (P.O. Box Number is Not Acceptable 613 MOAT COU RLANDO	FL 85 328 0
11. Pursuant to or registere familiar with SIGNATURE	ed agent of them by State of Flo n, and the transfer of Sec VONA	rida Such change was authorized ction 607,0505, Florida Statutes. UD UEE HOLT with taken alder.	d by the corporation's boat PRESIDENT. Brighted April signature rejuin	ration submits this statement for the pur and of directors. I hereby accept the appro- solution of the pure state of the	4 - 23 - 1996
12.	OFFICERS A'	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE NAME	HOLT, DONALD LEE		12 NAME		
STREET ADDRESS	5613 MOAT COURT		1.3 STRIET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITV - ST - ZIP		
THYLE	-গ্ৰ	DELETE	2 1 TIT: E	15,T	Change M Addition
NAME	- HOLT, MELISSA J.	•	22 NAME	ARON A. HOLL	
STREET ADDRESS	5613 MOAT COURT		2.3 STREET ADDRESS	PARON A. HOLT 0557 GLASSBOR PRLANDO, FLORI	206H VK
CITY-ST-ZIP	ORLANDO, FL 32810	DELFTE	3 1 TIU.E	PRLANDO, FLORI	Change Addition
TITLE NAME			3.2 NAME		
STREET ADDRESS			3.3 STEET ADDRESS		
CITY-ST-ZIP			3.4 CIT** - ST - ZIF		
TITLE		☐ DELETE	4 1 TIT.E		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STACET ADDRESS		
CITY-ST-ZIP		FINEER	4.4 CIT 1 - ST ZIP		Change Addition
TITLE		[] DETELE	5 1 TIT.E 5 2 NAME		C Starte C Addition
NAME STREET ADDRESS			53 STEGET ADDRESS		
CITY-ST-ZIP			5 4 CIT+ ST ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	/ \\\	~ "	6.3 STFEEL ADDRESS		
C+TY - ST - ZIP		A	6.4 CiTy - ST - ZIP	for the eventuation stated in Passing 440	07/3/k) Florida Statutas Linder
certify that oath; that	Lam an officer or threator of 150 for	inual report or supplemental annu poration or the receiver or trusted or an attachment with an adde	ual report is true and accur a empowered to execute these	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	same legal effect as it made under lorioa Statutes; and that my name
SIGNAT	URE:	OR PRINTED NAME OF SIGNING OFFICE	HOLT PRE	SIDENT 4-23-96	401651460