SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 21 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J28185 (3) GARY G. ALLEN, REGISTERED LAND SURVEYOR, INC. Principal Place of Business Mailing Address C/O GARY G. ALLEN C/O GARY G. ALLEN 4101 APALACHEE PARKWAY 4101 APALACHEE PARKWAY TALLAHASSEE FL 32311-4108 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32311-4108 3a. Date of Last Report 3. Date Incorporated or Qualified 08/12/1986 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2712275 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6 Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Zip Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ALLEN, GARY G. 4101 APALACHEE PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 a gnature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE ALLEN, GARY G. NAME 1.2 NAME 4101 APALACHEE PARKWAY STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Channe Addition TITLE 2.1 TITLE ALLEN, B. J. 2.2 NAME NAME 4101 APALACHEE PARKWAY STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2 4 CITY-S1-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HENDERSON, MARK T. NAME 3.2 NAME RT.3,BOX 196 STATE RD 12 STREET ADDRESS 3.3 STREET ADDRESS HAVANA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4 1 TITLE ☐ Change ☐ Addition NAME LATIMER, R. MICHAEL 4. 2 NAME **5700 EUNICE COURT** STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

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