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 # **J52454** **(2)**

1. Corporation Name

AMERICAN SURVEYING COMPANY OF TAMPA

Principal Place of Business	Mailing Address
~~611 24TH AVE SW~~ P.O. BOX 5171 (73070) NORMAN OK 73070-2171	611 24TH AVE SW P.O. BOX 5171 (73070) NORMAN OK 73070-2171

3. Date Incorporated or Qualified: **01/20/1987**
3a. Date of Last Report: **03/27/1995**

4. FEI Number: **59-2773587** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2600 Van Buren, St 2624	26 P.O Box 5171
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Norman, OK	28 City & State: Norman, OK
24 Zip: 73072 25 Country	29 Zip: 73070 30 Country

9. Name and Address of Current Registered Agent

STROM, EARL N.
4517 GEOGE ROAD
SUITE 210
TAMPA FL 33834

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	OUTLAND, ROBERT F.		1.2 NAME		
STREET ADDRESS	611 24TH AVE. S.W.		1.3 STREET ADDRESS	2600 Van Buren, Ste 2624	
CITY-ST-ZIP	NORMAN OK		1.4 CITY-ST-ZIP	Norman, OK 73072	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MORRISON, J KEITH		2.2 NAME		
STREET ADDRESS	10000GERONIMO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORMAN OK		2.4 CITY-ST-ZIP	Norman, OK 73071	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	NUNN, N.M.		3.2 NAME		
STREET ADDRESS	12152 ARMENIA GABLES CIR		3.3 STREET ADDRESS	3101 W. San Isidro Ste.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VPD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	STROM, EARL N.		4.2 NAME		
STREET ADDRESS	4517 GEORGE ROAD, SUITE 210		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	ST	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	HOUSLEY, M. JANE		5.2 NAME		
STREET ADDRESS	210 SUMMIT CIRCLE		5.3 STREET ADDRESS	2011 Summit Circle	
CITY-ST-ZIP	NORMAN OK		5.4 CITY-ST-ZIP	Norman, OK 73072	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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: _____ 2/27/96 4053645180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)