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CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DELTA LAND SURVEYORS, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 440 SOUTH JEFFERSON ST 440 SOUTH JEFFERSON ST MONTICELLO FL 32344 MONTICELLO FL 32344 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2872532 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zo 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **ROWELL, LAWRENCE DALE** 440 S. JEFFERSON ST. Street Address (P.O. Box Number is Not Acceptable) MONTICELLO FL 32344 **B3** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE ROWELL, LAWRENCE DALE NAME 1.2 NAME P O DRAWER 1, NA STREET ADDRESS 1.3 STREET ADDRESS SHADY GROVE FL City-St-ZiP 1.4 CITY-ST-ZIP DELETE TYTLE Change Addition 2.1 TITLE NAME ROWELL, RANDALL H. 2.2 NAME STREET ADORESS P O BOX 694, NA 2.3 STREET ADDRESS SHADY GROVE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Addition SNELGROVE, PAUL NAME 3.2 NAME 440 S JEFFERSON ST STREET ADDRESS 3.3 STREET ADDRESS MONTICELLO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 appears in Block 12 or Block 13 if changed, or on an adult of the receiver or trustee.

SIGNATURE:

4-24-98 (850)997-1201