FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **J97529** **(8)**

1. Corporation Name

ST. JOHNS SURVEY COMPANY

Principal Place of Business	Mailing Address
3000 N. PONCE DE LEON BLVD. P.O. BOX 3283 ST AUGUSTINE FL 32085-0283	3000 N. PONCE DE LEON BLVD. P.O. BOX 3283 ST AUGUSTINE FL 32085-0283

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) County (30)

4. FEI Number: **59-2862940** ☐ 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

9. Name and Address of Current Registered Agent

BRUNER, DAVID J.
3000 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

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
Signature of typed or printed name of registered agent and title, if applicable (DATE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE		☒ Change ☐ Addition
NAME	BRUNER, DAVID J.	12 NAME		
STREET ADDRESS	~~37 FERROL RD.~~	13 STREET ADDRESS	3000 N. Ponce De Leon Boulevard	
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP		
TITLE	~~DV~~	21 TITLE	DV	☒ Change ☐ Addition
NAME	~~STRICKLAND, DWIGHT T~~	22 NAME	Darrell M. Hubbard	
STREET ADDRESS	~~2 ALFRED ST~~	23 STREET ADDRESS	2896 North 2nd Street	
CITY ST ZIP	~~ST AUGUSTINE FL~~	24 CITY ST ZIP	St. Augustine, Fl 32095	
TITLE	~~DV~~	31 TITLE	V	☒ Change ☐ Addition
NAME	BRICHE, M J	32 NAME		
STREET ADDRESS	474 GENTIAN RD	33 STREET ADDRESS		
CITY ST ZIP	ST AUGUSTINE FL	34 CITY ST ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	HUNT, JAMES M	42 NAME		
STREET ADDRESS	3861 WINTERHAWK COURT	43 STREET ADDRESS		
CITY ST ZIP	ST AUGUSTINE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: _____ David J. Bruner 5/24/95 (904) 829-2591
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402260 FP