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PROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: **10/14/1987**
3a. Date of Last Report: **06/01/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26): **P.O. BOX 702**

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28): **ST. AUGUSTINE FL.**

Zip (24): Country (25):
Zip (29): **32085** Country (30): **ST. JOHNS**

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 607.1502, 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 agent is a corporation NOTE: Registered Agent's signature required when changing DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**DPST**	☐ DELETE	1.1 TITLE	**DV**	☐ Change ☒ Addition
NAME	**BRUNER, DAVID J.**		1.2 NAME	**William H. Harding**	
STREET ADDRESS	**3000 N PONCE DE LEON BLVD**		1.3 STREET ADDRESS	**1036 Kennedy Dr.**	
CITY-ST-ZIP	**ST AUGUSTINE FL**		1.4 CITY-ST-ZIP	**St. Augustine, FL 32095**	
TITLE	**DV**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**HUBBARD, DARRELL M**		2.2 NAME		
STREET ADDRESS	**2896 N 2ND ST**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**ST AUGUSTINE FL**		2.4 CITY-ST-ZIP		
TITLE	**V**	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**BRICHE, M J**		3.2 NAME		
STREET ADDRESS	**474 GENTIAN RD**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**ST AUGUSTINE FL**		3.4 CITY-ST-ZIP		
TITLE	**DV**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**HUNT, JAMES M**		4.2 NAME		
STREET ADDRESS	**3861 WINTERHAWK COURT**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**ST AUGUSTINE FL**		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: [signature] **DAVID J. BRUNER JUNE 5,1996 904-829-2591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number