## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jul 02 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J99988**  (4)

D & E SURVEYING, INC.

STREET ADDRESS

Principal Place	e of Business	Mailing Address						
111 FLAMINGO DRIVE APOLLO BEACH FL 33572 US		111 FLAMINGO DRIVE APOLLO BEACH FL 33572-2632 US						
					3. Date Incorporated or Qualified 10/23/1987	3a. Date of L 07/01/19		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	**	Applied For	
21		26		59-2858206		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional ee Required		
City & State		City & State		6. Election Campaign Financing		.00 May Be		
23		28		Trust Fund Contribution	L	dded to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		der s. 199.032,	
24	25	29	30		1 TOTAL DIGITALOS	Yes No		
	9. Name and Address of Currer	t Registered Agent	1 Name	10. Name and Address of New Registered Agent				
COPELAND, DARRELL				<u> </u>				
	FLAMINGO DRIVE DLLO BEACH FL 33572		82 Street A		Address (P.O. Box Number is Not Accepta	ole)		
AFC	DEMON PE 99972		83			······		
			8	4 City		FL 85	Zip Code	
11. Pursuent	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the abo	ve-named (	corporation submits this statement for the		ing its registered	
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	The same state of the same							
	Signature, typed or printed name of registered age		E: Registered A	gent signature i	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIREC	CTORS IN 12	
12.	OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS		1.1 TITLE	<u> </u>	VT	Ch		
NAME	ii		1.2 NAM	Ε	Stephanie Copelan 111 Flamingo Drive Apollo Beach Fl	d	, ,	
STREET ADDRESS			1.3 STRE	ET ADDRESS	III Flamingo Drive	_		
CITY-ST-ZIP			1.4 CITY	-ST-ZIP	Apollo Beach Fl	33572		
TITLE	· •		2.1 TITLE			L Ch	ange L Addition C	
NAME	COPELAND, DARRELL		2.2 NAM				-	
STREET ADORESS	111 FLAMINGO DRIVE			ET ADDRESS				
CITY-ST-ZIP TITLE			2 4 C(TY			☐ Ch	ange Addition	
NAME		_	3.2 NAM					
STREET ADDRESS			3.3 STRE	et address				
CITY-ST-ZIP		<u>-</u>	3.4. C(1)	-SI-ZIP				
TITLE		☐ DELFTE 4.1		:		☐ CH	nange Addition	
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE			☐ Ch	nange Addition	
NAME		Land Detterk	5.2 NAM	}				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE	<b>4</b> • • • • • • • • • • • • • • • • • • •	☐ DELETE	6.1 TITLE		÷	☐ Cr	nange Addition	
Luavar			6.0 MAM	r			1	

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 appears in Block 12 or Block 13 it changed, or on an attachment with an address.