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

Mailing Address

111 FLAMINGO DRIVE

2a. Mailing Address

APOLLO BEACH FL 33572

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J99988

D & E SURVEYING, INC.

D & E 0011/E11110, 1110

Principal Place of Business

2. Principal Place of Business

111 FLAMINGO DRIVE

US

APOLLO BEACH FL 33572

26 21 59-2858206 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPELAND, DARRELL 82 Street Address (P.O. Box Number is Not Acceptable) 111 FLAMINGO DRIVE APOLLO BEACH FL 33572 83 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 ☐ DELETE ☐ Change TITLE 1.1 TITLE 11. 100 COPELAND, STEPHANIE NAME 1.2 NAME 111 FLAMINGO DR STREET ADDRESS 1.3 STREET ADDRESS apollo beach fl CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change TITLE 2.1 TITLE COPELAND, DARRELL NAME 2.2 NAME 111 FLAMINGO DRIVE 2.3 STREET ADDRESS STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TIDE 4.1 TITLE Addition 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 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

FILED

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90001 017 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

10/23/1987

FEI Number

813 645 - 30 98 Daytime Phone #

CR2E034 (11/98)