

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L33690 (3)
1. Corporation Name
INLAND SURVEYORS, INC.

Principal Place of Business 1839 SUNSET PT RD CLEARWATER FL 34625 US	Mailing Address 1839 SUNSET PT RD CLEARWATER FL 34625 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33765	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33765	3. Date Incorporated or Qualified 11/30/1989 4. FEI Number 59-2980187 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
---	--	--

9. Name and Address of Current Registered Agent PAPPAS, LINDA J. 1304 RIDGE AVE CLEARWATER FL 84615-33755	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

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)

DATE

12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-ST-ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-ST-ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 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.

SIGNATURE:

Linda J. Pappas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98 8134629906
Date Daytime Phone # 0401448

CR2E034 (10/97)