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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ISLAND SURVEYING AND MAPPING COMPANY Principal Place of Business Mailing Address 2555 N. CORTENAY PKWY. 2555 N. COURTENAY PKWY. DO NOT WRITE IN THIS SPACE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Date Incorporated or Qualified 02/13/1990 2. Principal Place of Business 2a. Mailing Address 26 59-2995479 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 ☐ Yes □ No 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOLICA, PHILIP P. 2555 NO. CORTENAY PKWY., #31 Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32953 83 84 City 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 Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE MOLICA, PHILIP P NAME 1.2 NAME 2555 NO. COURTENAY PKWY., #31 STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE TITE F 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 opport of supplemental annual report is use 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 trusted proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with a radiotes.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

JITLE

NAME

3/20/98

461-452-1738

Change

Change

Addition

Addition

FILED