

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 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 # L58830

(5)

1. Corporation Name
 SCR SURVEYING & MAPPING, INC.



Principal Place of Business
 % SKIPPER C RUTHERFORD
 P.O. BOX 958
 LYNN HAVEN FL 32444

Mailing Address
 % SKIPPER C RUTHERFORD
 P.O. BOX 958
 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 03/15/1990

4. FEI Number
 59-2995911 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 1617 Tennessee Av
 Suite, Apt. #, etc.
 22
 City & State
 23 Lynn Haven, FL.
 Zip Country
 24 32444 25 USA

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

RUTHERFORD, SKIPPER C.
 1604-A TENNESSEE AVE.
 LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name
 SKIPPER C. RUTHERFORD

82 Street Address (P.O. Box Number is Not Acceptable)
 1617 Tennessee Av

83

84 City
 Lynn Haven FL 85 Zip Code
 32444

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RUTHERFORD, SKIPPER C	1604-A TENNESSEE AVE.	LYNN HAVEN FL	<input type="checkbox"/>
D	RUTHERFORD, BRENDA C	1604-A TENNESSEE AVE	LYNN HAVEN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1617 Tennessee Av.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1617 Tennessee Av.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Brenda C. Rutherford (Brenda C. Rutherford 9-1-98 (850) 265-16979)

CR2E034 (5/98)