

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L58830

1. Entity Name
SCR SURVEYING & MAPPING, INC.



06 APR 21 11:31

Principal Place of Business
1617 TENNESSEE AVE
P.O. BOX 958
LYNN HAVEN, FL 32444 US

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04132006 Chg-P CR2E034 (11/05)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-2995911

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIPPER C RUTHERFORD
1617 TENNESSEE AVE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600073989146
05/04/06--01020--002 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME RUTHERFORD, SKIPPER C
STREET ADDRESS 1617 TENNESSEE AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE VP/D ☐ Delete
NAME WHITE, DERWIN R
STREET ADDRESS 4116 N. HIGHWAY 231
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE S/T ☐ Delete
NAME RUTHERFORD, BRENDA C
STREET ADDRESS 1617 TENNESSEE AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE D ☐ Delete
NAME HILTON, L. CHARLES
STREET ADDRESS 4116 N. HIGHWAY 231
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D ☐ Delete
NAME BENSE, ALLAN G
STREET ADDRESS 4116 N. HIGHWAY 231
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D ☐ Delete
NAME DODD, RICHARD M
STREET ADDRESS 4116 N. HIGHWAY 231
CITY-ST-ZIP PANAMA CITY, FL 32404

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President of Operations ☐ Change ☒ Addition
NAME Troy L. Rutherford
STREET ADDRESS 978 Rosemont Drive
CITY-ST-ZIP Panama City, FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda C Rutherford Sec/Treas. 4/13/06 850-265-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #