

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L83935** (1)
1. Corporation Name
FORESIGHT SURVEYORS, INC.



Principal Place of Business % MAXWELL G. BATTLE, JR. ESQUIRE 2850 SCHERER DR N. SUITE 550 ST PETERSBURG FL 33716	Mailing Address % MAXWELL G. BATTLE, JR. ESQUIRE 2850 SCHERER DR N. SUITE 550 ST PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14561-B 58th St N Suite, Apt. #, etc. 22 City & State Clearwater, FL Zip 33760 Country USA		2a. Mailing Address 26 14561-B 58th St N Suite, Apt. #, etc. 27 City & State Clearwater, FL Zip 33760 Country USA		3. Date Incorporated or Qualified 06/25/1990
		4. FEI Number 59-3221506	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BATTLE, MAXWELL G, JR
1480 BELTREES STREET
SUITE A
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name Darryl Richards ATTY
82 Street Address (P.O. Box Number is Not Acceptable) 100 N Tampa St Ste 1800
83
84 City Tampa
85 Zip Code FL 33601

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]

2-9-98

Signature of agent or named registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBERS, DOUGH J.	1.2 NAME	
STREET ADDRESS	2452 CHANNING CIRCLE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, TERRY D	2.2 NAME	
STREET ADDRESS	1148 MANDERLEE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

[Signature]

1/15/98

CP2E034 (10/97)