

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 11 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # L86781 (6)**

1. Corporation Name  
**ATLANTIC SURVEYING, INC.**



Principal Place of Business Mailing Address  
**405 S. DILLARD ST.  
SUITE 117  
WINTER GARDEN FL 34787  
US**

3. Date Incorporated or Qualified **07/09/1990** 3a. Date of Last Report **04/24/1995**  
4. FEI Number **65-0206545** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 **NO SUITE NUMBER**  
23 Zip Country 28 City & State  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**EDWARDS, ROBYN JO  
405 S. DILLARD ST.  
SUITE 117  
WINTER GARDEN FL 34787**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **NO SUITE NUMBER**  
84 City **FL** 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVSD</b>	1.1 TITLE	<b>P V S D C M</b>
NAME	<b>EDWARDS, ROBYN JO</b>	1.2 NAME	<b>EDWARDS, ROBYN JO</b>
STREET ADDRESS	<b>7040 LAKE ELLENOR DRIVE, SUITE 117</b>	1.3 STREET ADDRESS	<b>405 S DILLARD ST</b>
CITY-STATE-ZIP	<b>ORLANDO FL</b>	1.4 CITY-STATE-ZIP	<b>WINTER GARDEN FL 34787</b>
TITLE	<b>T</b>	2.1 TITLE	<b>T</b>
NAME	<b>DEFILIPPO, DAVID M</b>	2.2 NAME	<b>DEFILIPPO, DAVID M.</b>
STREET ADDRESS	<b>115 MARK DAVID BLVD.</b>	2.3 STREET ADDRESS	<b>115 MARK DAVID BLVD</b>
CITY-STATE-ZIP	<b>CASSELBERRY FL 32707</b>	2.4 CITY-STATE-ZIP	<b>CASSELBERRY FL 32707</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached page with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-2-96** Daytime Phone #: **407-656-4993**

CR2E034 (12/95)