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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

405 S. DILLARD ST.
~~SUITE 117~~
WINTER GARDEN FL 34787
US

Mailing Address

405 S. DILLARD ST.
~~SUITE 117~~
WINTER GARDEN FL 34787
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

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

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 Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD
NAME EDWARDS, ROBYN JO
STREET ADDRESS 7040 LAKE ELLENOR DRIVE, ~~SUITE 117~~
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME DEFILIPPO, DAVID M
STREET ADDRESS 115 MARK DAVID BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P V S D C M
1.2 NAME EDWARDS, ROBYN JO
1.3 STREET ADDRESS 405 S DILLARD ST
1.4 CITY-ST-ZIP WINTER GARDEN FL 34787

2.1 TITLE T
2.2 NAME DEFILIPPO, DAVID M.
2.3 STREET ADDRESS 115 MARK DAVID BLVD
2.4 CITY-ST-ZIP CASSELBERRY FL 32707

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 407-656-4993

Date

Daytime Phone

CR2E034 (12/95)