

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L86781 (6)  
1. Corporation Name  
ATLANTIC SURVEYING, INC.

Principal Place of Business  
405 S. DILLARD ST.  
WINTER GARDEN FL 34787  
US

Mailing Address  
405 S. DILLARD ST.  
WINTER GARDEN FL 34787-3526  
US



3. Date Incorporated or Qualified 07/09/1990  
3a. Date of Last Report 04/11/1996

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  
21 730 E. Plant St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 730 E. Plant St.  
Suite, Apt. #, etc.

22 City & State  
23 Winter Garden FL

27 City & State  
28 Winter Garden FL

24 Zip 34787  
25 Country USA

29 Zip 34787  
30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVSD	<input type="checkbox"/> DELETE
NAME	EDWARDS, ROBYN JO	
STREET ADDRESS	405 S. DILLARD ST.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEFILIPPO, DAVID M.	
STREET ADDRESS	115 MARK DAVID BLVD.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PVSDT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARDS, ROBYN JO	
1.3 STREET ADDRESS	730 E. Plant St.	
1.4 CITY-ST-ZIP	Winter Garden, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Please Delete	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information submitted 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 both in attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1-10-97 (407) 656-4993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)