

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27738

FILED
Jul 10, 2004
Secretary of State**Entity Name:** INSTITUTE OF MAPPING SCIENCES, INC.**Current Principal Place of Business:**18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON, FL 32633 US**New Principal Place of Business:****Current Mailing Address:**18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON, FL 32633 US**New Mailing Address:****FEI Number:** 59-2910683**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GIBSON, DAVID W.
18221 COUNTY RD. 225
P.O. BOX 341
EVINSTON, FL 32633**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: GIBSON, DAVID W.,
Address: COUNTY ROAD 225, BOX 347
City-St-Zip: EVINSTON, FL**Title:** D () Delete
Name: GIBSON, BETTY J.,
Address: COUNTY ROAD 225, BOX 347
City-St-Zip: EVINSTON, FL**Title:** D () Delete
Name: GIBSON, EVIN H
Address: 18221 COUNTRY RD 225, PO BOX 347
City-St-Zip: EVINSTON, FL 32633**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. GIBSON

PRES

07/10/2004

Electronic Signature of Signing Officer or Director

Date