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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

322653 - 90001 - 47

DOCUMENT # **N46518**

1. Corporation Name
TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, I NC.

Principal Place of Business	Mailing Address
3118 KENSINGTON AVENUE TAMPA FL 33629	3118 KENSINGTON AVENUE TAMPA FL 33629

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/16/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LESTER, JOHN
3118 KENSINGTON AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMPSON, RAYMOND		1.2 NAME	Brown, Timothy M.	
STREET ADDRESS	7000 BEACH PLAZA #802		1.3 STREET ADDRESS	910 N. Parsons Avenue	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		1.4 CITY-ST-ZIP	Brandon, FL 33510	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLANTON, ROBERT JOHN		2.2 NAME		
STREET ADDRESS	914 E. CURTIS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, JOHN		3.2 NAME		
STREET ADDRESS	3118 KENSINGTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	WESTON, ROBERT S.		4.2 NAME	Weston, Robert S.	
STREET ADDRESS	2984 MEADOW OAK DRIVE NORTH		4.3 STREET ADDRESS	4205 Preserve Place	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, LESLIE		5.2 NAME		
STREET ADDRESS	8038 GARDNER RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRADO, JENNIFER		6.2 NAME		
STREET ADDRESS	1501 W RIVER SHORES WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LESTER 4/7/99 813-831-4869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #