

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004956 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS,
INC.

Principal Place of Business

335 BEARD STREET
TALLAHASSEE FL 32303

Mailing Address

335 BEARD STREET
TALLAHASSEE FL 32303



500001829205
-05/20/96--01041--044
***61.25

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report

4. FEI Number

59-3348496

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 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

HERBERT, THOMAS A
546 EAST CALL STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Mark Miller

82 Street Address (P.O. Box Number is Not Acceptable)

335 Beard Street

83

84 City

Tallahassee

FL

85 Zip Code

32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 Sections 617.0502, Florida Statutes.

SIGNATURE

Mark Miller

Mark Miller

4/11/96

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

Dr. Thomas Herbert

1.3 STREET ADDRESS

546 East Call Street

1.4 CITY-ST-ZIP

Tallahassee, FL 32301

2.1 TITLE

V

2.2 NAME

Dr. Thomas Scott

2.3 STREET ADDRESS

3432 Thresher Drive

2.4 CITY-ST-ZIP

Tallahassee, FL 32312

3.1 TITLE

T

3.2 NAME

Dr. Sam E. Upchurch

3.3 STREET ADDRESS

9501 Princess Palm Avenue

3.4 CITY-ST-ZIP

Tampa, FL 33619

4.1 TITLE

D

4.2 NAME

Patrick A. Barnes

4.3 STREET ADDRESS

1400 Corbett Lane

4.4 CITY-ST-ZIP

Orlando, FL 32806

5.1 TITLE

D

5.2 NAME

Richard C. Benson

5.3 STREET ADDRESS

3333 NW 21st Street

5.4 CITY-ST-ZIP

Miami, FL 33142

6.1 TITLE

D

6.2 NAME

John P. Bunch

6.3 STREET ADDRESS

1525 Centennial Drive

6.4 CITY-ST-ZIP

Bartow, FL 33803

14. I do hereby certify that the information supplied 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

Date

904 222 4634

Daytime Phone #

CR2E037 (12/95)