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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N95000004956

1. Corporation Name
FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.

Principal Place of Business	Mailing Address
335 BEARD STREET TALLAHASSEE FL 32303	335 BEARD STREET TALLAHASSEE FL 32303

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
10/18/1995

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

9. Name and Address of Current Registered Agent

HARRIS, ROBERT C
335 BEARD STREET
TALLAHASSEE FL 32303

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	P	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	HERBERT, THOMAS DR.		1.2 NAME	Herbert, Thomas Dr.	
STREET ADDRESS	546 E. CALL ST.		1.3 STREET ADDRESS	546 E. Call St.	
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	S	☑ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	STEPHENS, MARK R		2.2 NAME	Edelstein, Rand	
STREET ADDRESS	2963 GOLF TWO BAY BLVD., STE 287		2.3 STREET ADDRESS	007 Tom Roberts Rd	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Panacea, FL	
TITLE	T	☑ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	UPCHURCH, SAM B DR.		3.2 NAME	Lloyd, Jackie	
STREET ADDRESS	3913 RIGA BLVD.		3.3 STREET ADDRESS	14221 Buckhorne Rd	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	☑ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	RODRIGUEZ, EILEEN		4.2 NAME	Barnes, Patrick	
STREET ADDRESS	7407 US HWY 301 S. STE 100		4.3 STREET ADDRESS	3655 Maguire Blvd., Ste. 150	
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☑ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	BENNETT, MIKE		5.2 NAME	Gross, Jim	
STREET ADDRESS	3301 GUN CLUB TD.		5.3 STREET ADDRESS	P.O. Box 24680 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, WILLIAM L III		6.2 NAME		
STREET ADDRESS	2600 BLAIR STONE RD, ROOM 222A		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		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: [illegible] Rand Edelstein Jr. 3/11/99 (850)349-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #