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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000001849**

1. Corporation Name
FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

399590 - 90105 - 1

Principal Place of Business	Mailing Address
6416 - 9TH ST. NORTH ST. PETERSBURG FL 33702	P O BOX 4711 SEMINOLE FL 33775-4711 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2760532 ☐ 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

DEANE, WILLIAM W
1597 62ND AVE NO
ST. PETERSBURG FL 33702

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	P	☒ Change ☐ Addition
NAME	NESPOR, DARLIENE		1.2 NAME	Canter, Thomas	
STREET ADDRESS	6051 OLD BAGDAD HWY		1.3 STREET ADDRESS	Dor Property Tax Admin. Program	
CITY-ST-ZIP	MILTON FL 32583		1.4 CITY-ST-ZIP	2410-A Aiken Rd., Tallahassee, FL 32312	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CANTER, THOMAS		2.2 NAME	Keith Gay	
STREET ADDRESS	3404 ARGONAUT CT		2.3 STREET ADDRESS	1617 Johnson St.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	S	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	FRYE, DELORES K		3.2 NAME	Stewart Dary	
STREET ADDRESS	120 ARLINGTON CT. CHARLOTTE CO P/A		3.3 STREET ADDRESS	7506 Sugar Bend Dr.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33962		3.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	T	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WELBY, KATHRYN		4.2 NAME	Kevin Brown	
STREET ADDRESS	315 COURT ST. PINELLAS CO P/A		4.3 STREET ADDRESS	1689 Susan Dr.	
CITY-ST-ZIP	CLEARWATER FL 33756		4.4 CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAASCH, JEFF		5.2 NAME		
STREET ADDRESS	1840 25TH ST. INDIAN RIVER CO P/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAY, KEITH B		6.2 NAME		
STREET ADDRESS	115 S ANDREWS AVE. ROOM 111		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		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: SIGNATURE REQUIRED Stewart C. Dary 4/21/99 (407) 836-5376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #