

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

95 MAR 20 PM 1:56

DOCUMENT # P92000010976 (8)

1. Corporation Name

BROOKS & ASSOC. LAND SURVEYING, INC.

Principal Place of Business

142 S MOON AVE
BRANDON FL 33511

Mailing Address

142 S MOON AVE
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1604 E. HWY. 60**

Suite, Apt #, etc

E

2a. Mailing Address

26 **1604 E. HWY. 60**

Suite, Apt #, etc

E

City & State

23 **Valrico, FL.**

Zip

24 **33594**

Country

25 **Hillsborough**

27 City & State

28 **Valrico FL.**

Zip

29 **33594**

30 Country

30 **HILLSBOROUGH**

3. Date Incorporated or Qualified
12/09/1992

4. FEI Number
59-3163614

3a. Date of Last Report
04/11/1994

Applied For
Not Applicable

5. Certificate of Status Desired
 \$6.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

8. Name and Address of Current Registered Agent

**BROOKS, DANIEL F
142 S MOON AVE
BRANDON FL 33511**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Daniel F. Brooks

STATE OF FLORIDA
I, Daniel F. Brooks, do hereby certify that the information contained in this report is true and accurate to the best of my knowledge and belief.

ATTESTED AND SWORN TO IN THE CITY OF
TAMPA, FLORIDA, ON THIS 11TH DAY OF MARCH, 1995.

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, DANIEL F	12 NAME		
STREET ADDRESS	142 S MOON AVE	13 STREET ADDRESS		
CITY ST ZIP	BRANDON FL 33511	14 CITY ST ZIP		
TITLE	D	21 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KECK, EDWIN B	22 NAME		
STREET ADDRESS	614 PINEDALE COURT	23 STREET ADDRESS		
CITY ST ZIP	BRANDON FL 33511	24 CITY ST ZIP		
TITLE		31 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 607.0508, Florida Statutes. I further certify that the information indicated on the original report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect and make valid that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the original or on an attachment with my address.

SIGNATURE: *Daniel F. Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF BROKEN OFFICER OR DIRECTOR

813-681-6620

Telephone