

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATION

19968-996 8-7694-C

DOCUMENT # P92000013095 (4)

1. Corporation Name

LAND SURVEYING CONCEPTS, INC.



Principal Place of Business

Mailing Address

2755 N. BANANA RIVER DRIVE
STE. F
MERRITT ISLANDS FL 32952
US

575 S. BANANA RIVER DRIVE
MERRITT ISLANDS FL 32952
US

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1605 CHASE HAMMOCK Rd.

22 City & State

27 Suite, Apt. #, etc.
28 Merritt Island, FL

23 Zip Country

29 32953 30 USA

4. FEI Number

59-3159897

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

9. Name and Address of Current Registered Agent

CARLILE, TIMOTHY R
575 SOUTH BANANA RIVER DRIVE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

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

1605 CHASE HAMMOCK Rd.

83

84 City

merritt Island

FL

85 Zip Code
32953

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

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CARLILE, TIMOTHY R
STREET ADDRESS 575 S. BANANA RIVER DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ DELETE

TITLE V
NAME SHAFFER, LEE D
STREET ADDRESS 575 S. BANANA RIVER DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ DELETE

TITLE ST
NAME CARLILE, WENDI R
STREET ADDRESS 575 S. BANANA RIVER DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 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:

Wendi R. Carlile, Wendi Carlile

6/11/96

407-454-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E034 (3/96)