

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  
1996



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

DOCUMENT # P93000009903 (4)

1. Corporation Name

GEOTECHNICAL PROFESSIONAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5955 TG LEE BLVD  
SUITE 150  
ORLANDO FL 32822  
US

5955 TG LEE BLVD.  
SUITE 150  
ORLANDO FL 32822  
US

3. Date Incorporated or Qualified  
02/01/1993

3a. Date of Last Report  
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 5850 TG LEE BLVD

26 5850 TG LEE BLVD

4. FEI Number

59-3161172

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 650

27 SUITE 650

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32822

25 USA

29 32822

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, MAXWELL W JR.  
340 NORTH ORANGE AVENUE  
ORLANDO FL 32801

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

(Signature of officer or director of the corporation and the applicable

(Not a Registered Agent signature required when resigning)

Date

6/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME GISCLAR, SHELLY B  
STREET ADDRESS 712 KISSIMMEE PLACE  
CITY- ST- ZIP WINTER SPRINGS FL

☐ DELETE

TITLE V  
NAME PANIAGUA, J G  
STREET ADDRESS 8801 SW 103RD ST  
CITY- ST- ZIP MIAMI FL

☒ DELETE

TITLE S  
NAME GISCLAR, MARK D  
STREET ADDRESS 712 KISSIMMEE PLACE  
CITY- ST- ZIP WINTER SPRINGS FL

☐ DELETE

TITLE D  
NAME WELLS, MAXWELL W  
STREET ADDRESS 340 N ORANGE AVE  
CITY- ST- ZIP ORLANDO FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

710 GENTRY COURT  
WINTER SPRINGS, FL 32708

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

710 GENTRY COURT  
WINTER SPRINGS, FL 32708

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

(407)  
8500718

Date

Daytime Phone #

CR2E034 (3/96)