FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P93000016375 (6) DOCUMENT # P930000

SEISMIC SURVEYING SERVICES, INC.

Mailing Address Principal Place of Business 8607 HAVERHILL STREET **8607 HAVERHILL STREET**

FILED Apr 30 1997 8:00am' Secretary of State



JACKBONVILLE FL 32211		JACKSONVILLE FL 32211-5119						
					3. Date Incorporated or Qualified 03/01/1993		te of Las /01/19	st Report 96
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For	
21		26		59-3169357			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip 24	Country 25	Ζιρ 29	Countri 30	ry	8. This corporation has liability for i	ntangible i] Yes		or s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
	NURTNEY, AMONS D JR		8	1 Name				
	07 HAVERHILL STREET		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
JAC	CKSONVILLE FL 32211		L					
			8	3				
			84	4 City		FL	85 Z	ip Code
office or re agent. I ar	to the provisors of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	or and 607.1506, Florida Statu e of Horida. Such change was gations of, Section 607.0505, Fl	tes, me abor authorized b lorida Statute	vo-named cor by the corpora es.	rporation submits this statement for the p ation's board of directors. I hereby accep	nurpose of of the appo	onangin sintment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag	erd and tille diapplicable (NO	H : Registered A	gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	OUIDTHEY MANE O ID	☐ DELETE	1.1 TITLE				☐ Chan	ge Addition
NAME	COURTNEY, AMONS D JR 8607 HAVERHILL STREET		1.2 NAME					
STREET ADDRESS	JACKSONMLLE FL 32211		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	n	Detress	1.4 CHY-	S1 - ZIP			05	- Dagge
TITLE	MOORE, MADELINE J	☐ DELETE	21 TITLE			+	☐ Chang	ge [_] Addition
NAME	MANY MANGOLINE OTDECT		22 NAME	EL ADDRÉSS				
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CrtY					
TITLE		DELETE	3.1 TITLE	- 21 - 21			Chanc	ge Addition
NAME			3.2 NAME	:				,
STREET ADDRESS			3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST- ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🔲 Addition
NAME			4. 2 NAM	É				
STREET ADDRESS			4.3 STREE	L1 ADDRESS				
entre i Audiness								
CITY-ST-ZIP			44 CHY-					
1		☐ DELETE	44 CHY- 51 TIFLE				Chang	ge Addition
CITY-ST-ZIP		DELETE					Chang	ge Addition
CITY-ST-ZIP TITLE NAME		DELETE	5.1 TIPLE 5.2 NAME				Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TIPLE 5.2 NAME 5.3 STREE 5.4 CITY-	FT ADDRESS S1-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	FT ADDRESS -S1-ZiP			Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TIPLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TIPLE 6.2 NAME	FT ADDRESS -S1-7IP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TIPLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TIPLE 6.2 NAME	FT ADDRESS S1-7IP				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.