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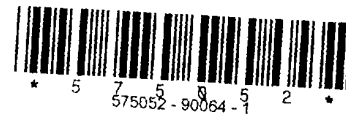
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0431330

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA
 DEVISION



DEPARTMENT OF STATE

DOCUMENT # P93000017525

7. Corporation Name

POLARIS LAND SURVEYING, INC.

Principal Place of Business

**17 N. 3RD STREET
 LAKE WALES FL 33853
 US**

Mailing Address

**17 N. 3RD STREET
 LAKE WALES FL 33853
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

4. FEI Number

59-3170163

Applied For
 Not Applicable

5. Corporate or State Tax Exempt

\$8.75 Additional
 Fees Required

6. Election Campaign Financing
 Truth Fund Contribution

\$5.00 May Be
 Added to Fees

7. The corporation owes the current year intangible
 Personal Property Tax

☐ Yes ☒ No

8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WHISLER, RALPH H III
 642 BEVERLY DR
 LAKE WALES FL 33853**

81. Name

82. Street Address (P.O. Box Number is first acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and his signature

Signature, typed or printed name of corporate officer or director

OR

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Add New
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Add New
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Add New
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Add New
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Add New
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Add New
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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CR2E034 (1/98)