

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

APPROVED
AND
FILED

98 MAR 12 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000025979 (4)**

1. Corporation Name

K & T SURVEY GROUP, INC.

Principal Place of Business

Mailing Address

**2726 SWAMP CABBAGE CT
FT. MYERS FL 33901
US**

**2726 SWAMP CABBAGE CT
FT. MYERS FL 33901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

65-0397558

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRASK, KENNETH E
2726 SWAMP CABBAGE CT
FT. MYERS FL 33901**

81 Name

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

83 **200002456752-9**
-03/13/98--01068--021

84 City *******8.75 FL *****8.75**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DPVC**
STREET ADDRESS **TRASK, KENNETH E**
CITY-ST-ZIP **2223 MCGREGOR BLVD.
FT. MYERS FL 33901**

☒ Change ☐ Addition
1.1 TITLE **DPVC**
1.2 NAME **TRASK, KENNETH E**
1.3 STREET ADDRESS **2726 SWAMP CABBAGE COURT**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **TRASK, KAREN E**
CITY-ST-ZIP **2223 MCGREGOR BLVD
FT. MYERS FL**

☒ Change ☐ Addition
2.1 TITLE **T**
2.2 NAME **TRASK, KAREN E**
2.3 STREET ADDRESS **2726 SWAMP CABBAGE COURT**
2.4 CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SHORE, SCOTT M.**
CITY-ST-ZIP **2223 MCGREGOR BLVD.
FORT MYERS FL**

☒ Change ☐ Addition
3.1 TITLE **V**
3.2 NAME **SHORE, SCOTT M.**
3.3 STREET ADDRESS **2726 SWAMP CABBAGE COURT**
3.4 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS **200002456752-9**
4.4 CITY-ST-ZIP **-03/13/98--01068--020**
*******150.00 *****150.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(i), 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.

SIGNATURE: *Kenneth E Trask* KENNETH E TRASK PRESIDENT 3-11-98 044 274 0004

CR2E034 (10/97)