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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P93000026455**1. Corporation Name

MCKEAN & ASSOCIATES SURVEYORS, INC.

Princinal Place	e of Business	Mailing Address			•	• •	
		<u>*</u>			}		
625 US HWY 41 SO INVERNESS FL 34450-6401		625 US HWY 41 SO INVERNESS FL 34450-6401		}			
US 1075-0401		US		DO NOT WRITE IN THIS SPACE			
03		00			3. Date Incorporated or Qualifed		
					04/08/1993		
					4, FEI Number	i i .	
2. Principal Pl	lace of Business	2a. Mailing Address				— <del>— — — — — — — — — — — — — — — — — — </del>	plied For
21		26		65-0407840		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75		
22		27		<b>3</b> , 351,152,153,153	Fee Re	equired .	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	γ	8. This corporation owes the current year	r Intangible	
<u> </u>	25	<u> </u>	30	•	Personal Property Tax.	☐Yes	X(No
24	9. Name and Address of Currer		30		10. Name and Address of New Registe		
	9. Name and Address of Curren	it Registered Agent	8	Name	To. Hame and Address of New Auguste		
MOV	CAN DAVID V		٦	Name			
MCKEAN, DAVID K 625 US HWY 41 SO			8:	2 Street Add	et Address (P.O. Box Number is Not Acceptable)		
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• INVE	RNESS FL 34450		8:	3		養物的實施。	
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abou	ve-named com	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered
agent la	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute	s.	to a second of an octors, a more of a second and a	pp=::/::::	9,5
		·				,	}
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating)		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	l <b>D</b>	☐ DELETE	1.1 TITLE		11 11110	Change	Addition
TITLE	D DAVID M	C) DELETE			5. 17.10	Change	Addition
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	MCKEAN, DAVID M 625 US HWY 41 SO	C) DELETE	1.2 NAME	ET ADDRESS	M = M/8	Change	☐ Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90040 046 \*\*\*150.00