

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 007 ***150.00

DOCUMENT # P93000080903

1. Corporation Name

MCC SURVEYING, INC.

Principal Place of Business

12421 NORTH FLORIDA AVE.
SUITE C-220
TAMPA FL 33612

Mailing Address

12421 NORTH FLORIDA AVE.
SUITE C-220
TAMPA FL 33612

2. Principal Place of Business

21 2507 Hollis Dr
Suite, Apt. #, etc.

22 Tampa FL
City & State

23 33612 USA
Zip Country

24 25 29 30

2a. Mailing Address

26 2507 Hollis Dr
Suite, Apt. #, etc.

27 Tampa FL
City & State

28 33612 USA
Zip Country

29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

4. FEI Number

59-3212274

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, CHARLES F JR
12421 N. FLORIDA AVE.
SUITE C-220
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name Charles Rodriguez Sr

82 Street Address (P.O. Box Number is Not Acceptable)
2507 Hollis Drive

83

84 City Tampa FL 85 Zip Code 33612

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

Charles F. Rodriguez, Jr.

4/27/99

DATE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME RODRIGUEZ JR, CHARLES
STREET ADDRESS 12421 H FL AVE / STE C-220
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME DAVIS, TOM
STREET ADDRESS 12421 N. FLA AVE / STE C-220
CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE
NAME HAY, KENNETH
STREET ADDRESS 12421 N FLA AVE / STE C-220
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Charles Rodriguez Sr.
1.3 STREET ADDRESS 2507 Hollis Drive
1.4 CITY-ST-ZIP Tampa FL 33612

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)