

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000009780 (5)

1. Corporation Name

SOUTHEAST SURVEYORS, INC.



Principal Place of Business

Mailing Address

1350 TRADEPORT DRIVE  
SUITE 105  
JACKSONVILLE FL 32218

1350 TRADEPORT DRIVE  
SUITE 105  
JACKSONVILLE FL 32218

2. Principal Place of Business

2a. Mailing Address

21 13291 Vantage Way

26 13291 Vantage Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 109

27 Suite 109

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32218

25 U.S.

29 32218

30 U.S.

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

59-3253006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBORNE, LEE S  
1566-2 DUNN AVE  
JACKSONVILLE FL 32218

81 Name  
DENNIS E. HAYES

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

233 E. BAY STREET

83

84 City  
JACKSONVILLE

FL

85 Zip Code  
32202

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

*Dennis E. Hayes*  
Signature, type, or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
HASKEW, RICHARD C  
P O BOX 8789  
JACKSONVILLE FL 32239 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
CANNADY, JAMES W  
11707 ST JOSEPHS ROAD  
JACKSONVILLE FL 32223 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*R.C. Haske*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R.C. HASKEW 4-29-96 (904) 741-0000

CR2E034 (12/95)