FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ADDRESS CORRECTION

1380 CAMBRIDGE DR.
VENICE, FL. 34293

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000012663 (8)**

1. Corporation Name

BRUCE LINDH LAND SURVEYOR, INC.

Principal Place of Business	Mailing Address
329 WEST MIAMI AVE. VENICE FL 34285 1380 CAMBRIDGE DR. VENICE, FL. 34293	329 WEST MIAMI AVE. VENICE FL 34285 1380 CAMBRIDGE DR. VENICE, FL. 34293

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business
21: 1380 CAMBRIDGE DR.
Suite, Apt. #, etc. 22:
City & State 23: VENICE, FLORIDA
Zip 24: 34293 Country 25: U.S.

2a. Mailing Address
26: 1380 CAMBRIDGE DR.
Suite, Apt. #, etc. 27:
City & State 28: VENICE, FLORIDA
Zip 29: 34293 Country 30: U.S.

4. FEI Number: 59-2806026 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDH, BRUCE
329 WEST MIAMI AVE.
VENICE FL 34285
1380 CAMBRIDGE DR.
VENICE, FL. 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of new registered agent, if changing) (Typed or Printed Name of New Registered Agent) (Signature required when changing agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDH, BRUCE		1.2 NAME	
STREET ADDRESS	329 WEST MIAMI AVE. 1380 CAMBRIDGE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285 VENICE, FL. 34293		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Bruce Lindh BRUCE LINDH 2/6/1996 941-488-6612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)