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

CORPORATION

HORIZON LAND SURVEYING, INC.



FILED FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000028018 (7) DOCUMENT



Principal Place of Business Mailing Address 1401 WILLARD STREET 1404 WILLARD STREET NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3239867 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, KENNETH R 1404 WILLARD STREET Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** 83 84 City 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. I am applicate the appointment as registered agent. I am applicate with an accept the appointment as registered agent. I am applicate the appointment as registered agent. I am applications of Section 607.0505, Florida Statutes. Jones D Kenneth R. SIGNATURE Director stered agent and title if applicable OPEIDERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE JONES, KENNETH 1.2 NAME NAME Jones, Tammy J 1404 WILLARD STREET STREET ADDRESS 1.3 STREET ADDRESS 1404 Willard Street **NEW SMYRNA BEACH FL 32168** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2168 New Smyrna Beach, FL DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME Jones, Kenneth R 2.3 STREET ADDRESS STREET ADDRESS 1404 Willard Street 2. 4 CITY-ST-ZIP CITY-ST-ZIP New-Smyrna Beach, FL DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP ___ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP ___ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of an attachment with an address.

E Kenneth R

1/20/98