FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000069395 (9)**

1. Corporation Name

KRIS ANN GATH LAND SURVEYING & MAPPING, INC.

Principal Place of Business	Mailing Address
3705 SW 42ND AVE., STE. 14 GAINESVILLE FL 32608	3705 SW 42ND AVE., STE. 14 GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 09/21/1994

3a. Date of Last Report: 06/06/1995

4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5200 W. NEWBERRY RD.	26 5200 W. NEWBERRY RD.
Suite, Apt. #, etc. 22 # E 4	Suite, Apt. #, etc. 27 # E 4
City & State 23 GAINESVILLE, FL.	City & State 28 GAINESVILLE, FL
Zip 24 32607 Country 25 ALACHUA	Zip 29 32607 Country 30 ALACHUA

9. Name and Address of Current Registered Agent

GATH, KRIS A
~~3705 SW 42ND AVE., STE. 14~~ 5200 W. NEWBERRY RD
~~GAINESVILLE FL 32608~~ GAINESVILLE, FL. 32607

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GATH, KRIS A		1.2 NAME	
STREET ADDRESS	3705 SW 42ND AVE., STE. 14		1.3 STREET ADDRESS	5200 W. NEWBERRY RD SUITE #E4
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONBIER, DENISE		2.2 NAME	
STREET ADDRESS	3328 NW 68TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILL E		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: Kris Ann Gath 05/31/96 (352) 336-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)