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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000075896 (8)**

1. Corporation Name
HILLSBOROUGH SURVEYING, INC.

Principal Place of Business	Mailing Address
3735 THONOTOSASSA ROAD PLANT CITY FL 33564	P.O. BOX 782 PLANT CITY FL 33564-0782

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business	2a. Mailing Address
21 1709-C Thonotosassa Road	26 1709-C Thonotosassa Road
22 Suite, Apt. #, etc.	27 Suite, Apt #, etc
23 City & State: Plant City, Fla. 33566	28 City & State: Plant City, Fla. 33566
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3272320 ☐ 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	10. Name and Address of New Registered Agent
RICHEY, THOMAS D JR. 3735 THONOTOSASSA ROAD PLANT CITY FL 33564	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHEY, THOMAS D JR.		1.2 NAME		
STREET ADDRESS	3735 THONOTOSASSA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33564		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TEW, TIMOTHY W		2.2 NAME		
STREET ADDRESS	507 E. DREW STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHEY, DAVID G		3.2 NAME		
STREET ADDRESS	4003 THONOTOSASSA ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		3.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHEY, PATTY		4.2 NAME		
STREET ADDRESS	3735 THONOTOSASSA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Thomas D. Richey 1-13-97 813-707-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #