

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000011654 (7)  
1. Corporation Name

CONSTRUCTION SURVEY SERVICES, INC.



Principal Place of Business

Mailing Address

18383 HEATHER RD  
FT MYERS FL 33912

18383 HEATHER RD  
FT MYERS FL 33912

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified<br>02/10/1995   | 3a. Date of Last Report        |
| 4. FEI Number<br>65-0556966   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, STEVE  
18055 CONSTRUCTION CIR  
FT MYERS FL 33912

81 Name

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

8180 MATANZAS RD

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 type for profit corporation of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | DP                     | <input type="checkbox"/> DELETE |
| NAME            | BARRY, STEVE           |                                 |
| STREET ADDRESS  | 18055 CONSTITUTION CIR |                                 |
| CITY - ST - ZIP | FT MYERS FL 33912      |                                 |
| TITLE           | DV                     | <input type="checkbox"/> DELETE |
| NAME            | LOWE, JACK             |                                 |
| STREET ADDRESS  | 18355 HEATHER RD       |                                 |
| CITY - ST - ZIP | FT MYERS FL 33912      |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                   |   |
|---------------------|-------------------|---|
| 1.1 TITLE           | DP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | BERRY, STEVE      |   |
| 1.3 STREET ADDRESS  | 8180 MATANZAS RD. |   |
| 1.4 CITY - ST - ZIP | FT MYERS FL 33912 |   |
| 2.1 TITLE           |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                   |   |
| 2.3 STREET ADDRESS  |                   |   |
| 2.4 CITY - ST - ZIP |                   |   |
| 3.1 TITLE           |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                   |   |
| 3.3 STREET ADDRESS  |                   |   |
| 3.4 CITY - ST - ZIP |                   |   |
| 4.1 TITLE           |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                   |   |
| 4.3 STREET ADDRESS  |                   |   |
| 4.4 CITY - ST - ZIP |                   |   |
| 5.1 TITLE           |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                   |   |
| 5.3 STREET ADDRESS  |                   |   |
| 5.4 CITY - ST - ZIP |                   |   |
| 6.1 TITLE           |                   | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN BERRY

941-437-1544

(Date the Report is Filed)

CR2E034 (3/96)