

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025038 (7)

1. Corporation Name

HENDRIX SURVEYING & MAPPING, INC.



Principal Place of Business

1405 N.W. 39TH DRIVE
GAINESVILLE FL 32605

Mailing Address

1405 N.W. 39TH DRIVE
GAINESVILLE FL 32605

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HENDRIX, THOMAS M
1405 N.W. 39TH DRIVE
GAINESVILLE FL 32605

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

4. FET Number

59-3304814

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 obligation of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
HENDRIX, THOMAS M
STREET ADDRESS
1405 N.W. 39TH DRIVE
CITY-STATE-ZIP
GAINESVILLE FL 32605

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on the 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 and that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or designated as a new officer or director.

SIGNATURE:

Thomas M. Hendrix (Thomas M. Hendrix) 4/20/96 (352) 316-5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)