

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 # P95000048173 (5)

1. Corporation Name

SPATIAL DECISION MANAGEMENT, INC.



Principal Place of Business

109 12TH AVE.
WINDERMERE FL 34786

Mailing Address

109 12TH AVE.
WINDERMERE FL 34786

2. Principal Place of Business

2a. Mailing Address

21 228 MAGNOLIA ST.
Suite, Apt. #, etc.

26 228 MAGNOLIA ST.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINDERMERE FL

28 WINDERMERE FL

Zip

Country

Zip

Country

24 34786

25 ORANGE

29 34786

30 ORANGE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

59-3323509

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

LANDGRAF, JOHN P
109 12TH AVE.
WINDERMERE FL 34786

81 Name

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

228 MAGNOLIA ST

83

84 City

WINDERMERE

FL

85 Zip Code

34786

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME JOHN P. LANDGRAF

STREET ADDRESS 228 MAGNOLIA ST.

CITY- ST- ZIP WINDERMERE FL 34786

1.2 TITLE ☐ DELETE

NAME PETER D. LOUBERBACK

STREET ADDRESS 2 OAKBERRY LN.

CITY- ST- ZIP NANTUCKET MASS 02554

1.3 TITLE ☐ DELETE

NAME ROBERTA LOUBERBACK

STREET ADDRESS 2 OAKBERRY LN

CITY- ST- ZIP NANTUCKET MASS 02554

1.4 TITLE ☐ DELETE

NAME MARY E. LANDGRAF

STREET ADDRESS 228 MAGNOLIA ST.

CITY- ST- ZIP WINDERMERE FL 34786

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. LANDGRAF

Date

1/30/96 407-876-5451

Daytime Phone #

CR2E034 (12/95)