

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059643 (3)

1. Corporation Name

ACCURATE MARINE SURVEYING, INC.



Principal Place of Business

1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

Mailing Address

1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

2. Principal Place of Business

21 6522 DARTMOUTH AVE. N.

Suite, Apt. #, etc.

22 City & State

23 ST. PETERSBURG, FL

24 Zip

33710

Country

25 PINELLAS

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 ST. PETERSBURG, FL

29 Zip

33710

Country

30 FL

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report
NEVER

4. FEI Number
59-3334010

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

MYERS, ROBERT J ESQ.
1135 PASADENA AVE., SOUTH
SUITE 140
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
CHRISTOPHER C. RAMSDELL
82 Street Address (P.O. Box Number is Not Acceptable)
6522 DARTMOUTH AVE. N.
83
84 City
ST. PETE.
85 Zip Code
33710

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 Christopher C. Ramsdell, President

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

(NOTE: Registered Agent signature required when making a change)

2/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/SECRETARY/TREAS. ETC. ☐ DELETE
NAME CHRISTOPHER C. RAMSDELL
STREET ADDRESS 6522 DARTMOUTH AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christopher C. Ramsdell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 813/344-7811

DATE

Daytime Phone

CR2E034 (12/95)