

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065820 (9)
1. Corporation Name

CENTRAL FLORIDA CONSTRUCTION SURVEY, INC.

Principal Place of Business

Mailing Address

706 TURNBULL AVE., SUITE 303
ALTAMONTE SPRINGS FL 32701

706 TURNBULL AVE., SUITE 303
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

2a. Mailing Address

21 192 W. Magnolia St

26 192 W. Magnolia St

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Oviedo, Florida

28 Oviedo, Florida

24 Zip 32765

Country 25 USA

29 Zip 32765

Country 30 USA

9. Name and Address of Current Registered Agent

LEMBRICH, RALPH
706 TURNBULL AVE., SUITE 303
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

3a. Date of Last Report

08/24/1995

4. FEI Number

Applied For

59-3346766

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

81 Name

Michael K. Schultz

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

192 W. Magnolia Street

83

84 City

Oviedo

FL

85 Zip Code 32765

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 of 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 Michael K. Schultz, Pres.

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

(NOTE: If a shared Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D XXX DELETE

NAME LEMBRICH, RALPH
STREET ADDRESS 706 TURNBULL AVE., SUITE 303
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D DELETE

NAME SCHULTZ, MIKE
STREET ADDRESS 706 TURNBULL AVE., SUITE 303
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D DELETE

NAME BARNHILL, JOHN
STREET ADDRESS 706 TURNBULL AVE., SUITE 303
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

President XX Change ☐ Addition

Michael K. Schultz
192 W. Magnolia Street
Oviedo, Florida 32765

Vice President XX Change ☐ Addition

John S. Barnhill
192 W. Magnolia Street
Oviedo, Florida 32765

Sec/Treas XX Change ☐ Addition

Denise G. Schultz
192 W. Magnolia Street
Oviedo, Florida 32765

200001905382 Change ☐ Addition

-07/26/96--01026--052
***25.00

400001905384 Change ☐ Addition

-07/26/96--01026--053
***200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL K. SCHULTZ

602496

407345833

CR2E034 (3/96)