1998

10403 OLD ST AUGUSTINE RD

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

10403 OLD ST AUGUSTINE RD

DOCUMENT # P95000070632 (1) J.W. CANNADY SURVEYING, INC. Principal Place of Business Mailing Address



RENSTATEMENT OF

SUITE 2 JACKSONVILLE FL 32256		SUITE 2 JACKSONVILLE FL 32256			TEIND DO NOT WATER THIS PACE		
					 Date Incorporated or Qualified 09/11/1995 		
Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
		26	26		59-3411109	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	· ·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30 Cot	intry _	This corporation owes or has pald the cu Personal Property Tax due June 30.	urrent year Intangible	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	ADY, JAMES WESLEY			81 Name		·	
8655 PHILLIPS HIGHWAY #3				82 Street Ac	32 Street Address (P.O. Box Number is Not Acceptable)		
JACKS	ONVILLE FL 32256			83			
				84 City	1-11	85 Zip Code	

FL 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 a	agent. I am tamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE Styr. Lived or printed name of registered agent and the if applicable. (NOTE. Rogistered Agent signature required when reinstating) DATE O 22/98								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1,1 TITLE	Change Addition					
NAME	CANNADY, JAMES WESLEY	1.2 NAME	_ , _					
STREET ADDRESS	8655 PHILLIPS HIGHWAY #3	1.3 STREET ADDRESS						
CITY-ST-ZiP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP						
TITLE	DELETE	2.1 TITLE	Change Addition					
NAME		2.2 NAME	5000026871652: -11/13/9801066002:					
STREET ADDRESS		2.3 STREET ADDRESS	-11/13/9801066002					
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	****750.00 ****750.00_					
TITLE	DELETE	3.1 TITLE	Change Addition					
NAME *		3.2 NAME						
STREET ADDRESS	1 - 1 -	3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CiTY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET AODRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
TITLE	☐ DELETE	5.1 TITLE .	☐ Change ☐ Addition					
NAME		5.2 NAME	N/D OND					
STREET ADDRESS		5.3 STREET ADDRESS	7/1/V V V (M)					
CITY-ST-ZIP	I prome	5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE	☐ Crange ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

W. CAMBUREQUIRED SIGNATURE:

10/22/98

880-2114