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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM  1. Corporation N	1ENT # <b>P9500</b>	0075451 (1	)			
BT SURVEYING SERVICES, INC.						
Principal Place of Business		Mailing Address		f 1981/101 119 10101 8411 80111 80111 82111 8641 10891 81111 811	ABI BIIBI IIBI IBBI	
17452 MEADOW LANE		17452 MEADOW LANE				
LUTZ FL 33549	)	LUTZ FL 33549		Date Incorporated or Qualified	Report	
				09/27/1995		
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
21		26	<del></del>	59 -333169Y	75 Additional	
Suite, Apt. #, etc.		Suite Apt. #, etc		I E Costiticate of Status Desired I I T = 1	e Required	
City & State		City & State			.00 May Be	
23		28		Iftist Fund Contribution Au	Ided to Fees	
Zip	Country	Zip	Country	This corporation has liability for intangible tax under florida Statutes	: \$ 199.032,	
24	9. Name and Address of Curre	29	30	10. Name and Address of New Registered Agent		
	9. Name and Address of Come	The Megistered Agent	81 Name			
TAYE OF	TOLICAL LA		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
TATE, STEPHEN M 17452 MEADOW LANE			BZ Grieci Add	52 Sileer Address (1.5. Dox Admiss		
LUTZ FL 33549			83			
			84 City	FL 85	Zip Code	
					its registered office	
signature	Signatus, tiped or person care of eighteent a	on a otto flagings	0S 松山: Reposect Ayertop かっ (84)。 <b>13</b> .	ration submits this statement for the purpose of charging lard of directors. I hereby accept the appointment as registed and the purpose of charging large the proposition and the purpose of charging large the purpose		
12.		NO DIRECTORS  DELETE	1 : TITLE	Chan		
TITLE NAME	D Tate, Stephen M		1.2 NAME			
STREET ADDRESS	17452 MEADOW LANE		1.3 STREET ADORESS			
C+TY - ST - ZIP	LUTZ FL 33549		1.4 C/1Y - ST - ZIP	Char	nge Addition	
TITLE	D	☐ DELETÉ	2 1 11'LF		ige [] Notice:	
NAME	BENHAM, DENNIS J		2.2 NAME			
STREET ADDRESS	8724 CHADWICK DRIVE		2.3 STREET ADOPESS 2.4 CHY+ST-ZIP			
CITY-ST-ZiP TiTLE	TAMPA FL 33635-6212	☐ DELFTE	3 1 HHt	Char	nge 🔲 Addition	
NAME		_	3.2 NAME			
STREET ADDRESS			3.3 STHEFT ADDRESS			
C-TY-ST-Z-P			3 4 CHY - ST - ZIF	Chai	inge Addition	
TITLE		DELFIE	4 1 T/JCF		nge 🔲 Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		[] DELETE	4.4 SITY - \$1 - 70°	Cha	ange Addition	
TITLE		L) barrie	5.2 NAME			
NAME expect appeass			5.3 STREET ADORESS			
STHEET ADOFESS CITY - ST - ZIP			5 4 CITY - S1 - ZIP			
TITLE	<u></u>	☐ DELETE	6 1 1:fkE	Cna	ange 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST_7IP			6.4 CITY - ST. ZIF		Pent too Liferthor	

14. If 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. Hurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation of 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 in changed, or on all appears with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

920-2970 Digital Police CR2E034 (12/95)