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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000000460 (1)**

1. Corporation Name
DOUGLAS SURVEYING AND MAPPING, INC.

Principal Place of Business	Mailing Address
316 AMBROSE LAND NORTHWEST PORT CHARLOTTE FL 33952	316 AMBROSE LAND NORTHWEST PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 01/03/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1225 TAMIAMI TRAIL
Suite, Apt. #, etc.
22 UNIT B13
City & State
23 PORT CHARLOTTE FL.
Zip 24 33953 Country 25 USA

2a. Mailing Address
26 1225 TAMIAMI TR
Suite, Apt. #, etc.
27 UNIT B13
City & State
28 PORT CHARLOTTE FL.
Zip 29 33953 Country 30 USA

4. FEI Number: 65-0628823 ☐ 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MARK R. BERGSTROM
82 Street Address (P.O. Box Number is Not Acceptable): 2420 AMBROSE LN
83 ~~PORT CHARLOTTE~~
84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

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] PRESIDENT MARK R. BERGSTROM 2.14.97
Signature required for new registered agent and title of officer
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BERGSTROM, MARK R 316 AMBROSE LAND NORTHWEST PORT CHARLOTTE FL 33952 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD BERGSTROM, MARK R. 2420 AMBROSE LANE PORT CHARLOTTE, FL 33952 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERGSTROM, BARBARA J 316 AMBROSE LAND NORTHWEST PORT CHARLOTTE FL 33952 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S BERGSTROM, BARBARA J. 2420 AMBROSE LANE PORT CHARLOTTE, FL 33952 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby 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.

SIGNATURE: [signature] MARK R. BERGSTROM 2.14.97 (941.) 624.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #