FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

'NAME

STREET ADDRESS

CITY - ST - ZIP

FILED PROFIT Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P96000000460 (1) DOUGLAS SURVEYING AND MAPPING, INC. Principal Place of Business Mailing Address 1225 TAMIAMI TRAIL 1225 TAMIAMI TR UNIT B13 UNIT B13 DO NOT WRITE IN THIS SPACE PT CHARLOTTE FL 33953 PT CHARLOTTE FL 33953 3. Date Incorporated or Qualified 01/03/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0628823 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BERGSTROM, MARK R 2420 AMBROSE LN Street Address (P.O. Box Number is Not Acceptable) PT CHARLOTTE FL 33952 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 507.0505, Florida Statutes. 3 DAT NOTE Registered Agent sign BERYSTRO. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. VICE PRESIDENT DELETE Change Addition TITLE PTD 1.1 TITLE DEL W. HAUNER BERGSTROM, MARK R 1.2 NAME NAME 1225 TAMIAMI TR. UKITBIS 2420 AMBROSE LN STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL PortCharlotte 1.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition NAME BERGSTROM, BARBARA J 2.2 NAME 2420 AMBROSE LN STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition Change 3 1 TITLE THILE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34 CITY-ST-ZIP DELF 1E 4.1 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change ■ Addition TITLE 6.1 TITLE

14. I 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 trusted 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. MARLA R. BERLISTROM 2/3/98 941.624.49 00 SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME