

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90198 002 \*\*\*158.75

**DOCUMENT # P96000000460**

1. Corporation Name  
**DOUGLAS SURVEYING AND MAPPING, INC.**



Principal Place of Business  
1225 TAMiami TRAIL  
UNIT B13  
PT CHARLOTTE FL 33953  
US

Mailing Address  
1225 TAMiami TR  
UNIT B13  
PT CHARLOTTE FL 33953  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1996

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGSTROM, MARK R**  
**2420 AMBROSE LN**  
**PT CHARLOTTE FL 33952**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

*Mark R. Bergstrom*  
Signature, typed or printed name of registered agent and title if applicable

**PRES. MARK R. BERGSTROM**  
(NOTE: Registered Agent signature required when reinstalling)

DATE

**2/2/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☒ DELETE  
NAME **HAYNER, DEL W**  
STREET ADDRESS **1225 TAMiami TR UNIT B 13**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **MARK R. BERGSTROM**  
1.3 STREET ADDRESS **1225 TAMiami TR. UNIT B13**  
1.4 CITY-ST-ZIP **PORT CHARLOTTE FL. 33953**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **V.P.** ☐ Change ☒ Addition  
2.2 NAME **VERNON Edwards**  
2.3 STREET ADDRESS **1225 TAMiami TR. Unit B13**  
2.4 CITY-ST-ZIP **PORT CHARLOTTE FL. 33953**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Mark R. Bergstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK R. BERGSTROM** **2/2/98**  
Director/PRES Date

Daytime Phone #

**941-624-4900**

CR2E034 (11/98)