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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019010 (3)

SANDY LAND SURVEYING & MAPPING, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1400(164) 118 28 119 80113 40111 48417 88113 8	1818F 11810 18111 88121 ers:	(8511 184)
16517 VANDERBILT DR SUITE 1 16517 VANDERBILT DR SUITE 1							
BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		7
					02/28/1996		1
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21 16565 VANSERBILT DR 26 16565 VAN			der BILT	T DR	65-0656546		ot Applicable
Suite Apt. #, etc.					5. Certificate of Status Desired	S8.75 Fee Re	
22 3 27 3 City & State City & State							
23 BONIT	a CPRWAR El	<u> </u>	—		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	A SPRINGS FL Country	Zip	Country		8. This corporation owes or has paid		·
24 339		29 33923	و ا	A	Personal Property Tax due June 30] No
	9. Name and Address of Cur	rent Registered Agent	81		10. Name and Address of New Regis		
SANDY, STEVEN K				Name			
775 100TH AVE N				Street Add	dress (P.O. Box Number is Not Acceptable))	
NAPLES FL 33963							
}			83				
			84	City		FL 85 Zip C	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							
12.	Signature, typed or printed name of registered	agent and little if applicable. (NOTE. AND DIRECTORS	Registered Age	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	IS IN 35
TITLE	D. OFFICERS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	SANDY, STEVEN K		1.2 NAME]
STREET ADORESS	775 100TH AVE N		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 33963		1.4 CITY - S				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SANDY, KINDRA		22 NAME				
STREET ADORESS	775 100TH AVE N		2.3 STREET	ADDRES\$			
CITY-ST-ZIP	NAPLES FL 33963		2, 4 CITY - S				
TITLE		☐ DELETE	3,1 TITLE		5.7.D	Change	Addition
NAME			3.2 NAME	G	LENN A. MORTON 430 SHADOWLAWN DR.#7		1
STREET ADDRESS			3.3 STREET	Address 2:	430 SHADOWCANN DR. 47		ļ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		T-ZIP /	IAPLES, FL 841/2		100
TITLE		DELETE	4.1 TITLE	V	.D.	Change	Addition
NAME			4, 2 NAME	7	ERRY W. MEGEE 430 SHADOWLAWN DR#7		
STREET ADDRESS			4.3 STREET	ADDRESS 2	430 SAMBOULAUN DA.		-
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	I-ZIP	VAPEES, FE 34112	Change	Addition
NAME			5.2 NAME			Oriengo	
STREET ADDRESS			5.3 STREET	ADDRESS I			1
CITY-ST-ZIP			5.4 CITY - S				
TITLE			6.1 TITLE	1 - 211		☐ Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
	certify that the information supplied	with this filling does not qualify for			n Section 119.07(3)(i), Florida Statutes, I fur	ther certify that the	information

indicated on this annual report for or supplied wint this mining does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this annual report for suppliemental 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