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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P96000025548 (4)

1. Corporation Name

ACM SURVEYING, INC.



Principal Place of Business

Mailing Address

1854 BAYARD PLACE, #1
JACKSONVILLE FL 32205

1854 BAYARD PLACE, #1
JACKSONVILLE FL 32205-8826

3. Date Incorporated or Qualified

03/22/1996

3a. Date of Last Report

NA

2. Principal Place of Business

21 923 PENINSULAR PLACE

2a. Mailing Address

26 923 PENINSULAR PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32204

25 DUAL

29 32204

30 DUAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AIELLO, MICHAEL J
1854 BAYARD PLACE, #1
JACKSONVILLE FL 32205

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

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME AIELLO, MICHAEL J
STREET ADDRESS 1854 BAYARD PLACE, #1
CITY-ST-ZIP JACKSONVILLE FL 32205

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CAVIN, JEFF B
STREET ADDRESS 2412 EGRETS GLADE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32224

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME MCINTOSH, CHARLES K
STREET ADDRESS 350 CROSSING ISLAND #511
CITY-ST-ZIP JACKSONVILLE FL 32073

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael J. Aiello

4-22-97

904-354-1141

Date

Daytime Phone #

CR2E034 (9/96)