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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025548

ACM SURVEYING, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90051 014 ***150.00



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ILAR PLACE	923 PENINSULAR PLACE			ĺ				
F FI 32204	SUITE 1			ł				
12 32204				Ļ			S SPACE	
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Place of Business	2- Mailine Add							
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	Suite Ant # oto	Othe	<u>- STRe</u>	75	<u> 59-3382971</u>		N	ot Applicable
	<u> </u>			ļ	5. Certificate of Status Desired	П	\$8.75	Additional
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LESONVILLE EI	— 		Σı	1		, L	\$5.00	May Be
								to Fees
		_		-	8. This corporation owes the cu	rrent year Int	angible	
	Registered Agent	30				`	☐ Yes	
			81 Name	1	10. Name and Address of New	Registered	Agent	
			Name	3				
			82 Stree	t Address	(P.O. Box Number is Not Accept	table)		
KSONVILLE FL 32205								}
			83					
			84 City				05 7:- /	
to the provisions of Soctions COZ OFFICE	1007.150		"			FL		
registered agent, or both, in the State of am family any ith, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ns of, Section 607.0505, Flor	s, the at thorized	bove-named by the com-	d corporation's	ion submits this statement for the board of directors. I hereby acce	purpose of pt the appoir	changing its	registered gistered
Marker ()	1 (100	M.	103.	١	T 4		_	-
Signature, typed or printed name of registered agen		Registered	Agent signature	required whe	n reinstation)		<u>6 - 99</u>	
	DIRECTORS	13.				EICEDS AND	D DIDECTO	
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JACKSONVILLE FL 32224		1						·
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	LLO, MICHAEL J 4 BAYARD PLACE, #1 KSONVILLE FL 32205 It to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept tile obligation of the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept tile obligation of FICERS AND OFFICERS AND PD AIELLO, MICHAEL J 1854 BAYARD PLACE, #1 JACKSONVILLE FL 32205 VD CAVIN, JEFF B 2412 EGRETS GLADE DRIVE JACKSONVILLE FL 32224	Place of Business Z. AL TREET 26 23. Mailing Address Z. AL TREET 26 25. ZZ Dt. #, etc. Suite, Apt. #, etc. 27 ale City & State 28 ACC SON' Country Zip 9. Name and Address of Current Registered Agent LLO, MICHAEL J 4 BAYARD PLACE, #1 EKSONVILLE FL 32205 At to the provisions of Sections 607.0502 and 607.1508, Florida Statute registered agent, or both, in the State of Florida. Such change was at am familiarly ith, and accept the obligations of, Section 607.0505, Flor OFFICERS AND DIRECTORS PD AIELLO, MICHAEL J 1854 BAYARD PLACE, #1 JACKSONVILLE FL 32205 VD CAVIN, JEFF B 2412 EGRETS GLADE DRIVE JACKSONVILLE FL 32224	Place of Business Z Country Country A BAYARD PLACE BAYARD PLACE BAYARD PLACE BAYARD PLACE BAYARD PLACE BAYARD PLACE Country Co	Place of Business Z AL TREET 28 Description of Sections 607.0502 and 607.1508, Florida Statutes, the above-name registanced agent, or both, in the State of Florida. Such change was authorized by the corpan familiary fith, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, Noed or printed name of registered agent agent, and accept the obligations of, Section 607.0505, Florida Statutes. PD AIELLO, MICHAEL J AIELSONVILLE FL 32205 PD AIELLO, MICHAEL J AIELSONVILLE FL 32205 AIELSONVILLE FL 32204	LE FL 32204 LE FL 32205 LE FL 32204 LE FL 32204 LE FL 32205 LE FL 32204 LE FL 32205 LE FL 32204 LE FL 32204 LE FL 32204 LE FL 32205 LE FL 32204 LE FL 32204 LE FL 32204 LE FL 32204 LE FL 32205 LE FL 32204 LE FL	LE FL 32204 DO NOT WI 3. Date Incorporated or Qualife 03/22/1996 4. FEI Number 59-3382971 59-3382971 59-3382971 50-3282971 50	LE FL 32204 LE FL 32205 Piace of Business Zea. Mailing Address Zeb. Spring Spr	LAR PLACE S27 PENINSULAR PLACE SUITE 1 JACKSONVILLE FL 32204 US 2. Mailing Address Z Z ALL TREET 26 Suite, Apr. #, etc. Suite, Apr. #, etc. City & State Country 27 28 Added Country 28 3. Date incorporated or Qualifed 03/22/1996 4. Fel Number 39. 382971 N N Suite, Apr. #, etc. City & State Country 28 Added Country 29 32-224 30 Country 30 Trust Fund Contribution Added 25 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Street Address (P.O. Box Number is Not Acceptable) KSONVILLE FL 32205 14. Etc. S37-WILL TRUE Country 28 ACKSONVILLE FL 32205 15. Certificate of Status Desired 58.75 Fee R 6. Election campaign Financing 7 Trust Fund Contribution 8 Trust Fund Contribution 8 Trust Fund Contribution 8 Trust Fund

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 effect 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.

IGNATURE: