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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # P96000043631

SURVEYORS AND MAPPERS OF AMERICA, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



2005 PAN AM CIRCLE TAMPA FL 33607		2005 PAN AM CIRCLE TAMPA FL 33607			
1AMPA TC \$300/		IAMEN EL 30007		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/22/1996	
2. Principal Place of Business		2a, Mailing Address		4. FEt Number	Applied For
21		26	,	59-3386946	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUITA 700 City & State		27 SULTE 700 City & State	>		Fee Required
23				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28	Country		
24	25		30	 This corporation owes or has paid the or Personal Property Tax due June 30. 	Yes No
g, Name and Address of Current Regis			001	10. Name and Address of New Registered Agent	
PD/	OWN, CARLTON	· · · · · · · · · · · · · · · · · · ·			
2005 PAN AM CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33607			82 Street Address (P.O. Box Number is Not Acceptable) 2005 PAN AM GR., SUITE 700		
IAMEN EL 33001			83	THE STATE OF THE S	
			84 City		log 7 7in Carla
			84 City	TAMPA FI	85 Zip Code 33607
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					
<u> </u>	Signature, typed or printed name of registered as		Registered Agent signature		
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DEL é te	1.1 TITLE		Change Addition
NAME	ROVIRA, SOFIA C		1.2 NAME		3
STREET ADDRESS	2005 PAN AM CIRCLE		1.3 STREET ADDRESS	2005 PAH AM CR., SUITE	100
CITY-ST-ZIP	TAMPA FL 33607	DFLETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	ST	☐ Drittle	2.1 TITLE		LET Change LET Addition
NAME	DE E, VOE II		2.2 NAME	DIAZ, JOSEPH H	
STREET ADDRESS	2005 PAN AM CIRCLE		2.3 STREET ADDRESS	2005 PAN AM GR., SUITE	700
CITY-ST-ZIP	TAMPA FL 33607	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	VP		3.1 TITLE	V.P.	FE CHANGE DE MODITION
NAME	BENHAM, DENNID J		3.2 NAME	SHEAD, JOHN A.	_
STREET ADDRESS	2005 PAN AM CIRCLE		3 3 STREET ADDRESS	2005 PAN AM CR., SUITE	100
CITY-ST-ZIP TITLE	TAMPA FL 33607	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	VP		4. 2 NAME		only nonline
STREET ADDRESS	HECKMAN, DAVID J 2005 PAN AM CIRCLE		4.2 NAME 4.3 STHEET ADDRESS	2005 PAU AM CR., SUITE	100
CITY-ST-ZIP	TAMPA FL 33607		4.3 STREET AUDRESS	GOOD I MA STATE OFFI, SOUTH	
TITLE	IVMLY LE 22201	DELETE	5.1 TITLE		Change Addition
NAME	•	t Detrie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			0.4 0111 - 51 - 212		

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.

(BIB)