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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

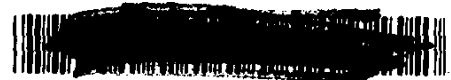


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076153 (1)

1. Corporation Name

OLDE ISLE SURVEYING & MAPPING COMPANY



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

59-3399916

Applied
Not Applied

5. Certificate of Status Desired

\$8.75 Addit
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May
Added to Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes ☒ No ☐

Principal Place of Business

910 SOUTH 8TH ST
FERNANDINA BEACH FL 32034

Mailing Address

910 SOUTH 8TH ST
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE ST, SUITE 200
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MANZIE, MICHAEL A
STREET ADDRESS 2810 MAGNOLIA WOODS CT
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ DELETE
NAME HOFFMAN, STEPHEN W
STREET ADDRESS P O BOX 171 N/A
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE D ☐ DELETE
NAME HOFFMAN, JEANETTE C
STREET ADDRESS 3275 BELLEVILLE LANE
CITY-ST-ZIP YULEE FL 32097

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Add
1.2 NAME
1.3 STREET ADDRESS 2810 MAGNOLIA WOODS CT.
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Add
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)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-98

PRESIDENT

0014674