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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P96000077521 (8)

WHEELER MARINE SURVEYING, INC.

Mailino Address

FILED Apr 17 1997 8:00am Secretary of State



2. Principal Pi 21 C Suite, Apt 22 City & State 23 Ap	CH FL 20118  Nace of Business Bluffle  #, etc	444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH FL 32  2a. Mailing Address  2a. Mailing Address  Suite, Apt. #, etc.  27  City & State  28  Zip	118-3953		3. Date Incorporated or Qualified 09/17/1996  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for incorporation for the component of the corporation of the corporation for the corporation f	<b>S</b>	\$8.75 Fee R \$5.00 Added	applied For lot Applicable Additional Required May Be I to Fees
24 3	2136 25 - lagle/	29	30	<del></del>		Yes 🗌		
3.00	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Reg	jistered A	gent	
	it, scott r Seabreeze blvd		101					
	E 800		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
	TONA BEACH FL 32118		83	ļ				
			84	City		<del></del>	<b>85</b> Zip	Code
			64	City		FL	195 Zih	Joue
SIGNATURE  12. THE	Supature typed or pull to name of expistered age OFFICERS AN	on and title if applicable (NO DIRECTORS	OTE: Registered Ag  13. 1.1 TITLE	ent signature requ	ired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND I	DIRECTO Change	
NAME STREET ALKIRUSS ( OTY-ST-709	WHEELER, JERRY L 7 CREEK BLUFF RUN FLGLER BEACH FL 32136	<u> </u>	1,2 NAME	FADDRESS		•		
DICE NAME STREET ACIDRESS (		DELETE	2.1 TITLE 2.2 NAME 2.3 STREE' 2.4 CITY-	ADDRESS	* N.	, :	Change	Addition
CHY : ST : ZIP TIFLE NAME		DELETE	3.1 TITLE 3.2 NAME				Change	Addition
STREET ADDRESS				ADDRESS				
CITY S1-ZP		DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP	· <u></u>		Change	Addition
NAME		Guid Directly.	4.2 NAME				and C. M. 180	L
STREET ADDRESS				f Address				
City St. Zil			4.4 CITY-	ST - ZIP	·····			
HAMI STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	t address		[	Change	Addition
CHY SI-7IP			5.4 CITY-	Į.				
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME			[	Change	Addition
STREET ADORESS CITY: ST- Ziệ			6.3 STREE	FADDRESS ST-ZIP				
	I		V-1 0111					

14. I do hereby certify that the information supplied with this filing does not quality 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 the notice or director if the copioration or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or fin attachment with an address.

SIGNATURE: SIGNATURE OF THE DAME OF SIGNING OFFICER OR DIRECTOR. Wherelev 4-3-97 904-439-0635