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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085439 (3)

ASAP MARINE SURVEYING, INC.

Principal Place of Business Mailing Address 404 SOUTH BEACH STREET #804 404 SOUTH BEACH STREET #804 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3406081 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes
No 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent BEEBE, OTTO W Name 404 SOUTH BEACH STREET #804 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 **B3** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition BEEBE, OTTO W NAME 1.2 NAME 404 SOUTH BEACH STREET #804 STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE ☐ Chance Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CHY-ST-ZIP DELETE 3 1 THILF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 or an attachment with an address.

How. Babe

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FILED

Apr 07 1998 8:00am

Secretary of State