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 # 1. Carporation Name P96000099923 (0)

BUZ HEUCHAN AERIAL PHOTOS, INC.

Principal Place of Business

Mailing Address

2040 NE COACHUAN ROAD

2040 N.E. COACHMAN ROAD

FILED Jan 26 1998 8:00am Secretary of State



CLEARWATER FL 34625	CLEARWATER FL 34625		DO NOT WORTE IN THE	PDACE
			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
			12/09/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
27 1000 N. HERCULES	26 1000 Notto	ERCULES	59-3416037	Not Applicable
Suite, Apt #, etc. 22 HANGAR # B2	Suite, Apt. #, etc. 27 HANGAR	82	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	- T/	6. Election Campaign Financing	\$5.00 May Be
23 CLEARWATER FC	28 CLEARWATE		Trust Fund Contribution	Added to Fees
Zip 33765 25 USA	29 33765 30	Country		☐ Yes ☐ No
g. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent
HEUCHAN, D.F. JR		81 Name		•
2040 N.E. COACHMAN ROAD		82 Street Addre	ss (P:O: Box Number is Not Acceptable)	
CLEARWATER FL 34625		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.				
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	i Florida, Such change was autl ons of, Section 607,0505, Floric	horized by the corporations a Statutes.	on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent a		egistered Agent signature required		
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE D		1.1 TITLE P		
NAME HEUCHAN, D.F. JR STREET ADDRESS 2040 N.E. COACHMAN ROAD		1.2 NAME 1.3 STREET ADDRESS	MO NI HERCULES H	146AZ 82
CITY-ST-ZIP CLEARWATER FL 34625		1.4 CITY-ST-ZIP	000 N. HERCULGS H BARWAFIR FL 3376	<u>_</u>
TITLE CHOCK	☐ DELETE	2.1 TITLE	ONEW HOVE BC 3370	Change Addition
NAME		2.2 NAME		_ ,
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	L DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	FT DETEIR	4.1 TITLE		L. Change L. Audition
NAME		4, 2 NAME 4,3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		4.4 CITY - ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	******	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	1	6.3 STREET ADDRESS		•
CITY - ST - ZIP	1/	6.4 CITY - ST - ZIP		

proces not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of Block 12 or Block 13 if changed, or or

SIGNATURE: