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 # P97000007803 (4)

ANGLE RIGHT SURVEYING CONSULTANTS, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Addres	Mailing Address			4 (ADDINED) 1640 SORIE HABIN ADDIN BOUND BONN ADDIN ADDIN ADDIN ADDIN ADDIN AND AND AND AND AND AND AND AND AND AN	
•		•	7424 SWAN LAKE DRIVE				
7424 SWAN LAKE DRIVE NEW PORT RICHEY FL 34655			NEW PORT RICHEY FL 34655			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	110011102
						01/21/1997	
2. Princinal Pi	ace of Business	2a. Mailing Ad	tress			4. FEI Number	Applied For
21	200 0. 200	<u>-</u>	26			59-3428594	Not Applicable
Suite, Apt.	W. etc	Suite, Apt.	#, etc.				CO 75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State)	City & State	9			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	
Zip	Country	Zip	[(Country	,	8. This corporation owes or has paid th	e current year Intangible
24	25	29	30			Personal Property Tax due June 30.	🔀 Yes 🔲 No
	9. Name and Address of Cur	rrent Registered Agent	1			10. Name and Address of New Regist	ered Agent
VOI	GHT, STEVEN D			81	Name		
7424 SWAN LAKE DRIVE				82 Stree		dress (P.O. Box Number is Not Acceptable)	
	W PORT RICHEY FL 34655			102	Stiest Aut	(alcoopidate)	
****	TOTAL TROUBLE TE STOOS			83			
				-	<u> </u>		lan Zin Codo
				84	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Flo	rida Statutes, th	e abov	e-named co:	poration submits this statement for the purpo	ose of changing its registered
office or re	egistered agent, or both, in the St in familiar with, and accept the of	tate of Florida. Such cha	ande was author	rized by	v the corpora	ation's board of directors. I hereby accept the	e appointment as registered
-	it igitimai with, and accept the of	oligations of, Section ed	7.0303, 1 londa	Giaidie			
SIGNATURE	Signature, typod or printed name of registered	d agent and the if applicable	(NOTE Regi	slered Age	ent signature requ	uired when reinstaling) D	ATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D		DELETE	I.I TITLE			Change Addition
NAME	VOIGHT, STEVEN D		1	1.2 NAME			
STREET ADDRESS	7424 SWAN LAKE DRIVE		1	1.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34	655	1	1.4 CITY-S	ST-ZIP		
TITLE			DELETE 2	2.1 TOTLE			Change Addition
NAME			2	2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP			l :	2 4 CITY-	ST-ZIP		
TITLE				3 1 TITLE			Change Addition
NAME			3	3 2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-			•
TITLE				1.1 TITLE			Change Addition
NAME				. 2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				4.4 CITY-S			
TITLE				5.1 TITLE			Change Addition
NAME		_		5.2 NAME			
STREET ADDRESS					ADDRESS		
- 1				5.4 CiTY-5			
CITY-ST-ZIP TITLE				5.4 CHTLE	21-41		Change Addition
	4			5.2 NAME			
NAME CYPECT ADDRESS	•				ADDDSSS		
STREET ADDRESS	1				ADDRESS		
CITY-ST-ZIP				5.4 City - 9	51-217		

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.