

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000053736 (9)**  
 1. Corporation Name  
**MCMILLEN SURVEYING, INC.**



Principal Place of Business <b>1350 N.E. 170TH AVENUE WILLISTON FL 32696</b>	Mailing Address <b>1350 N.E. 170TH AVENUE WILLISTON FL 32696</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12 S. MAIN ST.</b> Suite, Apt. #, etc. <b>22 SUITE B</b> City & State <b>23 WILLISTON FL.</b> Zip <b>24 32696</b>		2a. Mailing Address <b>26 12 S. MAIN ST.</b> Suite, Apt. #, etc. <b>27 SUITE B</b> City & State <b>28 WILLISTON FL.</b> Zip <b>29 32696</b>		3. Date Incorporated or Qualified <b>06/18/1997</b>	
25 <b>ALACHUA</b>		30 <b>ALACHUA</b>		4. FEI Number <b>59-3455788</b>	
9. Name and Address of Current Registered Agent <b>MCMILLEN, JOHN C 3009 N.W. 39TH PLACE GAINESVILLE FL 32605</b>		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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.		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature, typed or printed name of registered agent and title, if applicable		83		84 City	
(NOTE: Registered Agent signature required when reinstating)		84 City <b>FL</b>		85 Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLEN, STEPHEN M</b>	1.2 NAME	
STREET ADDRESS	<b>1350 N.E. 170TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLEN, JOHN C</b>	2.2 NAME	
STREET ADDRESS	<b>3009 N.W. 39TH PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: *John C. McMullen* **JOHN C. MCMILLEN** 3/12/98 (352)528-6277

CR2E034 (10/97)