03-31-1999 90015 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000056974

1. Corporation Name BRINKMAN SURVEYING & MAPPING, INC.



Mailing Address Principal Place of Business 11518 N.W 61ST TERRACE 11518 N.W 61ST TERRACE ALACHUA FL 32615 ALACHUA FL 32615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/24/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 8489 MLK Blud. 9-3518572 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Hachva Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible USA ΠNο Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRINKMAN, ANDREA Street Address (P.O. Box Number is Not Acceptable) 82 11518 N.W 61ST TERRACE ALACHUA FL 32615 Zip Code City 85 84 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DVP ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME BRINKMAN, JAMES E P.S.M. 11518 N.W 61ST TERRACE STREET ADDRESS 1.3 STREET ADDRESS ALACHUA FL 32615 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE BRINKMAN, ANDREA J 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 11518 N.W 61ST TERRACE CITY-ST-ZIF ALACHUA FL 32615. 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

904-462- 3001

Change

Addition

CR2E034 (11/98)