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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S36263 ROBINETTE AND EATON LAND SURVEYING, INC. Principal Place of Business Mailing Address 3470 1ST AVENUE, N.W. 3470 1ST AVENUE, N.W. NAPLES FL 34120-2708 NAPLES FL 33964 US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1991 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0249161 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBINETTE, JOSEPH P. 3470 1ST AVENUE N.W. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33399 83 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. SIGNATURE Signature, typed or pointed name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THLE 1.1 TITLE EATON, DOUGLAS R. NAME 1.2 NAME 325 29TH STREET N.W. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY - ST - 7(P) Change Addition DELETE 21 TITLE TITLE ROBINETTE, JOSEPH P. 22 NAME NAME 3470 1ST AVENUE N.W. STREET ADDRESS 23 STREET ADDRESS NAPLES FL 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STHEET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 T/TLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY - ST-7IP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do nereby 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: OF CONTROL DOUS AS P. CATOLL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 24 1997 8:00am

Secretary of State