

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 99 AUG 31 PM 1:11 .

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DOCUMENT # \$87379 1. Corporation Name GEOMAP TECHNOLOGIES, INC

Principal Place	e of Business	Mailing Address		1 (504) 515 (51) 511 (1568) 11(1) (6516) 614 (5191) 616(1) 6191) 4191) 4191) 4191)
3910 US HWY 301 N 3910 US HWY 301 N				
STE 240 STE 240				DO NOT WRITE IN THIS SPACE
TAMPA FL 33619 US TAMPA FL 33619 US			3. Date Incorporated or Qualifed	
US		03		10/14/1991
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3091990 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State	9	City & State		Election Campaign Financing
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		30	Personal Property Tax.
	9. Name and Address of Current			10. Name and Address of New Registered Agent
			81 Name vi	d OBrien Jr.
O'BRIEN, DAVID J.JR.				
2002 PLANTATION KEY #201			82 Street Add	es B(P.O. Box Number is blog Acceptable) ve
BRANDON FL 33511			83	
			84 City Vo	1rico FI 85 Zip Code
			• • •	I L (33394
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	on a board of directors. Thereby accept the appointment as registered
SIGNATURE	The Contraction of the Contracti		_	TE VP/S/T B/20/99
SIGNATORE	Signature, typed or printed name of registered agen	I and title if applicable (NOTE: F	Registered Agent signature required	d when reinstand) / / DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TSVP	☐ DELETE		TSVP
NAME	o;Brien Jr, đavid j		1.2 NAME	OBrien Jr.,David J
STREET ADDRESS	2002 PLANTATION KEY CIRCLE	E APT 201	1.3 STREET ADDRESS	4428 Brandon Ridge Drive
CITY-ST-ZIP	Brandon Fl.			Valrico, FL 33594
TITLE	Р	☐ DELETE	2.1 TITLE	Change Addition
NAME	HOLLINGSWORTH, JEFFREY D	•	2.2 NAME	Jeffrey Pereira Hollingsworth
\$TREET ADDRESS	1805 HITCHING POST PLACE		2.3 STREET ADDRESS	•
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	400002977654-0466 -09/02/9901099005
NAME			32 NAME	-09/02/9901099005
STREET ADDRESS			3.3 STREET ADDRESS	****558.75 ****558.75
City-St-ZiP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
			4.3 STREET ADDRESS	
STREET ADDRESS				
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
		- Detaile	5.1 MILE 5.2 NAME	_ 5.ango
NAME			5.3 STREET ADDRESS	
STREET ADDRESS				·
CiTY-ST-ZIP			5.4 CITY- ST- ZIP 6.1 TITLE	D0 D4
TITLE		[] DELETE	■ Q.1 IFILE	☐ Change ☐ Addition :

6.4 CITY-ST-ZIP CITY-ST-ZIP 4. 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; it is an 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: 1

TITLE

NAME

STREET ADDRESS

F AND TYPED OR PRINTED NAME OF BONING OFFICER ON DIAGRADOR

May 20, 1999 813-621-2732