

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03763** (2)

1. Corporation Name

ADVANTAGE SURVEYING, INCORPORATED

Principal Place of Business

**1213 NORTH PARSON AVENUE
BRANDON FL 33510**

Mailing Address

**1213 NORTH PARSON AVENUE
BRANDON FL 33510**



2. Principal Place of Business

21 **13008 N. 56 St.**

Suite, Apt. #, etc.

22 **Suite 104**

City & State

23 **Tampa FL**

Zip

24 **33617**

Country

25 **HILLSBORO**

2a. Mailing Address

26 **13008 N. 56 St.**

Suite, Apt. #, etc.

27 **Suite 104**

City & State

28 **Tampa, FL**

Zip

29 **33617**

Country

30 **HILLSBORO**

9. Name and Address of Current Registered Agent

**THOMPSON, RAYMOND
1208 WINDY RIDGE DR
BRANDON FL 33510**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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 607.0904, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

Signature

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	THOMPSON, RAYMOND	
STREET ADDRESS	1208 WINDY RIDGE DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	V	☐ DELETE
NAME	THOMPSON, PENELOPE	
STREET ADDRESS	1208 WINDY RIDGE DR	
CITY-ST-ZIP	BRANDON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addendum with an address.

SIGNATURE: **Raymond Thompson** **Raymond Thompson** **4/16/96** **813-980-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)