

FILED

Apr 21 1998 8:00am
Secretary of State

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

DOCUMENT # V03763 (2)
1. Corporation Name:
ADVANTAGE SURVEYING, INCORPORATED

Principal Place of Business

Mailing Address

13008 N 56 T
SUITE 104
BRANDON FL 33510
US

13008 N 56 ST
SUITE 104
BRANDON FL 33617
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 | State, Apt. #, etc.

22	City & State
----	--------------

City & State

23	Zip	Country
----	-----	---------

28 Zip _____ Country _____

24

29	30
----	----

9. Name and Address of Current Registered Agent

THOMPSON, RAYMOND
1208 WINDY RIDGE DR
BRANDON FL 33510

81 Name Raymond Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 7000 Beach Plaza #802
83
84 City St. Pete Beach FL 85 337

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 _____

Signatures and stamps must be of legible and permanent character.

(b)(4) : Registered Agent signature is required when re-instatement.

[64]

12. **TITLE** **P** ☐ **DELETE**

TITLE	P	☐ DELETED
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	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ DEPT.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ POLITE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ DELIVER
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME:

6.3 STREET ADDRESS:

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.

CR2E034 (10/97)