Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90222 009 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V03763

1. Corporation Name

ADVANTAGE SURVEYING, INCORPORATED

	AGE ODIVETING, MOOIII							
Principal Place	e of Business	Mailing Address				AN ENT MININTER		ION OF SHIP HOPE
Principal Place of Business Mailing Address 13008 N 56 T 13008 N 56 ST SUITE 104 SUITE 104 BRANDON FL 33510 BRANDON FL 33617					DO NOT WRIT	E IN THIS S	PACE	
US US					3. Date Incorporated or Qualifed 12/30/1991			
2. Principal Pl	N. Momanst.	2a. Mailing Address 26 SAMG		-	4. FEI Number 65-0300553		<u> </u>	olied For t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	I
City & State	ndon, I=L.	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•
Zip 35	3510 Country 5	Zip 30	Country		This corporation owes the curre Personal Property Tax.		Yes	No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
THO	MPSON, RAYMOND		81	Name	A Company			
7000	BEACH PLZ #802	•	82	Street Add	dress (P.O. Box Number is Not Accepta			
51 F	PETERSBURG BCH FL 33706		83				 	Sada -
			84	City		<u>FL</u>	85 Zip C	
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was author	irized by ti	he corpora	rporation submits this statement for the ption's board of directors. I hereby accept	i iire abbuliii	ilielii as lei	11315164
SIGNATURE	Roymond W. 7 Signature, types or printed name of registered age	int and title if applicable. (NOTE: Regi	istered Agent	signature requi	ired when reinstating)	DATE	19/0	
	Signature, type or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE: Regil	istered Agent	signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
SIGNATURE	Raymond W. 7. Signature, type or printed name of registered ege OFFICERS AN	int and title if applicable. (NOTE: Regi	13.	signature requi		ICERS AND		
SIGNATURE 12. TITLE NAME	Raymond W. 7 Signature, type or printed name of registered age OFFICERS AN P THOMPSON, RAYMOND	int and title if applicable. (NOTE: Regil	13. 1.1 TITLE 1.2 NAME			ICERS AND	DIRECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP