FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

· PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	**FILED Apr 23 1997 8:00am Secretary of State**

DOCUMENT # V04004 **(0)**

1. Corporation Name

BASSETT SURVEYING, INC.

Principal Place of Business	Mailing Address
9 NORTH ACME JACKSONVILLE FL 32211	**9 NORTH ACME JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1991	**04/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	**26**	**59-3110063**		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
22	**27**			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
23	**28**			
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		
24 / **25**	**29** / **30**			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWATT, GIL D. C/O **BASSETT SURVEYING, INC.** **9 ACME STREET, SUITE 2** , **JACKSONVILLE FL 32211**	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 607.0502 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 printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**OV**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	**BASSETT, CHARLES R.**		1.2 NAME			
STREET ADDRESS	**9 NORTH ACME**		1.3 STREET ADDRESS			
CITY-ST-ZIP	**JACKSONVILLE FL**		1.4 CITY-ST-ZIP			
TITLE	**DPS**	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	**HOWATT, GIL D.**		2.2 NAME			
STREET ADDRESS	**9 NORTH ACME**		2.3 STREET ADDRESS			
CITY-ST-ZIP	**JACKSONVILLE FL**		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	·		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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.

SIGNATURE:X _____ Howatt 3/31/97 (904) 724-9433