

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V06132 (7)
 1. Corporation Name
POOLE ENGINEERING & SURVEYING, INC.

Principal Place of Business
1641-A-METROPOLITAN-CIRCLE
TALLAHASSEE FL 32303

Mailing Address
1641-A-METROPOLITAN-CIRCLE
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2145 Delta Blvd. Suite, Apt. #, etc. 22 Suite 100 City & State 23 Tallahassee, FL Zip Country 24 32303 USA		2a. Mailing Address 26 2145 Delta Blvd. Suite, Apt. #, etc. 27 Suite 100 City & State 28 Tallahassee, FL Zip Country 29 32303 USA		3. Date incorporated or Qualified 01/13/1992	4. FEI Number 59-3109205	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent POOLE, NORMA 1641-A-METROPOLITAN-CIRCLE TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 2145 Delta Blvd., Suite 100 83 84 City Tallahassee FL 85 Zip Code 32303
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POOLE, KIM L. <input type="checkbox"/> DELETE 1641-A-METROPOLITAN-CIR. TALLAHASSEE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2145 Delta Blvd., Suite 100 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POOLE, BARRY W. <input type="checkbox"/> DELETE 1641-A-METROPOLITAN-CIR. TALLAHASSEE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2145 Delta Blvd., Suite 100 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POOLE, CHERYL L. <input type="checkbox"/> DELETE 1641-A-METROPOLITAN-CIRCLE TALLAHASSEE FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2145 Delta Blvd., Suite 100 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, RANDOLPH W. <input type="checkbox"/> DELETE 1641-A-METROPOLITAN-CIRCLE TALLAHASSEE FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	2145 Delta Blvd., Suite 100 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POOLE, NORMA <input type="checkbox"/> DELETE 1641-A-METROPOLITAN-CIR. TALLAHASSEE FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	2145 Delta Blvd., Suite 100 Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE Norma Poole *Norma Poole* 11-22-98 850-386-5117

CR2E034 (10/97)