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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40947

(6)

SMITH SURVEYING & MAPPING, INC.

FILED Jan 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
1400 PALM BAY ROAD N.E. 1400 PALM BAY ROAD N.E.									
ALM BAY FL	PALM BAY FL 32905-3851								
								Date of Last Report 03/18/1996	
	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-3127770			t Applicab
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 bebbA	
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	ptangible	tax under s	. 199.032,
4	25	29	30				Yes		4
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	pistered	Agent	
	GARRELL, THOMAS P.		ļ	B1	Name				
	NO BABCOCK STREET N.E.		Ī	82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
PAL	LM BAY FL 32905		}	83					<u> </u>
				84	City		FL	65 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ago	or and blo if applicable (NC	DTE Registered		nt signature require	d when reinstatாழ்)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
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IAME	SMITH, KEVIN A. 1400 PALM BAY ROAD N.E.		1.2 NA						
STREET AODRESS	PALM BAY FL				ADDRESS				
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ANE	SMITH, LISA G.		2.2 NA						_
TREET ADDRESS	A 100 BALLA BAY BOAD ALP		2.3 ST	REET	ADDRESS				
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IAME			3.2 NAJ		ĺ				
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lame			5.2 NA						
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NAME			62 NA		*000000				
STREET ADDRESS	`\				ADDRESS	•			
CITY - ST-ZIP	eby certify that the information suborie	d with the Uses done not our	6.4 CIT			in Section 119.07(3)(i). Florida Statutes	n 1 6 ath	r coetile that	<u>than</u>

Information indicated on this annual report or suppremental 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 of nowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angeot, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

407 724 2940

9 Phone # 0101291