

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V42417** (8)

1. Corporation Name

AUTOMATED DIGITAL SURVEYING & ENGINEERING, INC.



Principal Place of Business

Mailing Address

**2000 CORPORATE SQUARE BLVD.
SUITE 1A
JACKSONVILLE FL 32216
US**

**2000 CORPORATE SQUARE BLVD.
SUITE 1A
JACKSONVILLE FL 32216
US**

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

04/25/1995

4. FET Number

59-3129042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1900 Corporate Sq. Blvd**

22 City & State

27 City & State
Jacksonville, Fl.

23 Zip

Country

29 **32216**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVESTRE, CYNTHIA M
2000 CORPORATE SQUARE BLVD
STE 1
JACKSONVILLE FL 32216**

81 Name
Felix Solaun

82 Street Address (P.O. Box Number is Not Acceptable)

1900 Corporate Square Blvd.

83

84 **Jacksonville, Fl.**

FL

85 **32216**

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

Felix M. Solaun
Signature, typed or printed name of Registered Agent and Director, applicable

Felix Solaun, President

2000 U.S. Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|-----------------------------------|-----------------|-------------------------------------|
| P | SILVESTRE, CYNTHIA M | 2000 CORPORATE SQUARE BLVD, STE 1 | JACKSONVILLE FL | <input checked="" type="checkbox"/> |
| ST | SOLAUN, FELIX M | 2000 CORPORATE SQUARE BLVD, STE 1 | JACKSONVILLE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|------|----------------|-------------|-------------------------------------|--------------------------|--------------------------|
| P | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Felix M. Solaun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix Solaun, President 4/4/96 904-721-2991

Date

Original Phone #

CR2E034 (12/95)