

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31984

Entity Name: ARC SURVEYING & MAPPING, INC.**Current Principal Place of Business:**5202 SAN JUAN AVENUE
JACKSONVILLE, FL 32210**Current Mailing Address:**5202 SAN JUAN AVENUE
JACKSONVILLE, FL 32210**FEI Number:** 59-3125280**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAWYER, JOHN F
12315 MUSCOVY DRIVE
JACKSONVILLE, FL 32223 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	SAWYER, JOHN F
Address	12315 MUSCOVY DRIVE
City-State-Zip:	JACKSONVILLE FL 32223

Title	VP
Name	SAWYER, PATRICK B
Address	5202 SAN JUAN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	PD
Name	SAWYER, FRANK J
Address	5202 SAN JUAN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	SAWYER, RICHARD J
Address	5202 SAN JUAN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	MAFFETT, JOHN K
Address	5202 SAN JUAN AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	PITTMAN, BOBBY L
Address	5202 SAN JUAN AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	LOUNDENBECK, JEREMY
Address	5567 COMMANDER DRIVE SUITE 101
City-State-Zip:	ARLINGTON TN 38002

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK SAWYER**ACCOUNTING MANAGER** 01/24/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date