## 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

DOCUMENT #

379023

(5)

BRAME POOLE ARCHITECTS INC.											
Principa! Place	e of Business	Ç.	Mailing Address			3 (09)00 Likil 19910 IQIKI <b>79</b> 010 KIRDO II		I OFBIA BILDI OFBI	<b>           </b>		
C. 806 N.E. 1ST ST. Gainesville Fl 32801		GAINESVILLE	606 NE 1ST. STREET Gainesville fl 32601-5305 US								
GAINCOTILLE	FL 36001	00				3. Date Incorporated or Qualified 3a. Date of Li			eport		
							03/19/1971	01	/26/1996		
	face of Business	ļ <sub>1</sub>	2a. Mairing Address			4. FEI Number		<del>⊢                                    </del>	plied For		
Suite, Apt.	et ado	26 Suite An	Suite, Apt. #, etc.			59-1348740			t Applicable		
22	#, ENG	27]	i. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re		
City & Stat	(C	City & Sta	ate		•		6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added t		
Žiμ	Country	Zφ		Countr	y		8. This corporation has liability for			. 199.032,	
24	25	25   29   9. Name and Address of Current Registered Agent		30			Florida Statutes X Yes No  10, Name and Address of New Registered Agent				
		of Current Registered Age	· · · · · · · · · · · · · · · · · · ·	81	1	Name	10, Maille and Audress of New Me	Giztered	Agent		
	AME, WILLIAM W.										
	B N. E. FIRST STREET INESVILLE FL 32601			82	2	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)			
GA.	HEGYILLE PL DEGOT			83	3	·····	· · · · · · · · · · · · · · · · · · ·				
				84	4	City			<b>85</b> Zip :	Code	
44 5	1.00	- 007.07.00	Inc. de Otat				oration submits this statement for the	FL			
office or r agent 1 a SIGNATURE	am fam⊣ar with, and accept	the State of Florida, Such of the obligations of, Section (	307.0505, F	lorida Statute	98.		ion's board of directors. I hereby acce	pt the ap	pointment as	registered	
12.		CERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		<del></del>	
THLE	VSD	L.	] DELETE	1.1 TITLE					Change	Addition	
NAME	POOLE, PAIGE L.	25		1.2 NAME							
STREET ADDRESS	8601 N. W. 4TH PLA	UE		13 STAE		1					
City - SE - ZIP TITLE	GAINESVILLE FL PDT		DELETE	14 CITY- 21 TITLE	_	ZIP			Change	Addition	
NAME	BRAME, WILLIAM W	-	J PENETE	2 2 NAM8					Land Onlonge		
STREET ADDRESS		R		2.3 STREE		DOBESS					
CITY - ST - ZIF	GAINESVILLE FL	•••		2. 4 CITY		ĭ				,	
TITEF	,		DELETE	3.1 1111.6					Change	Addition	
NAME				3.2 NAME	Ē						
STREET ADDRESS				3.3 STRE	El Al	DDAESS					
CITY-ST-ZP				3.4. CITY	-81	· 7iP					
TIFLE		L	] DEFETE	4 t Title					L Change	Addition	
NAME				4. 2 NAM	IE					,	
STREET ADDRESS				4 3 STRE		i					
CITY: ST - 202			DELETE	4.4 CITY-		ZIP			Change	Addition	
THILE		L.	] DELETE	5.1 TrTLE					Unarige	TT ADDITION	
NAME				5.2 NAM6		DODGED.					
STREET ADDRESS			•	5.3 STRE							
CITY - ST - ZIP TITLE			DELETE	5.4 CITY- 6.1 TITUÉ		ZIP			Change	Addition	
NAME	1	<b>!</b>		6.2 NAMI							
STREET ADDRESS				63 STRE		DDRESS					

14. It 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 frue 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.

54 CHY-ST-ZIP

**SIGNATURE:** 

GNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR

Sound William W. Brame

1/10/97

(352) 372-0425

**FILED** 

Jan 17 1997 8:00am

Secretary of State

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