

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

1-2

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **475402** (4)  
1. Corporation Name  
**HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS, INC.**



Principal Place of Business: **222 W MAITLAND BLVD  
MAITLAND FL 32751-4323**  
Mailing Address: **222 W MAITLAND BLVD  
MAITLAND FL 32751-4323**

3. Date Incorporated or Qualified: **05/08/1975**      3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-1593719**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **5 CERTIFICATES**      \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:       \$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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**PEACOCK, THOMAS E.  
222 W. MAITLAND BLVD.  
MAITLAND FL 32751**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

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 \_\_\_\_\_

Signature type for provisions of registration law: \_\_\_\_\_

NOTE: Registered Agent signature required when changing:

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>V</b>	<b>ANDERSON, JOHN W. 111 RED BAY DR. LONGWOOD FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>V</b>	<b>LEE, SAM 274 A.S. BAY CLUB #202 ALTAMONTE SPRINGS FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>VD</b>	<b>BRUAN, CHARLES S. 1823 ORLANDO AVE. LONGWOOD FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>VTDS</b>	<b>PEACOCK, THOMAS, E 815 W LAKE CATHERINE DR MAITLAND FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>DP</b>	<b>HELMAN, ALAN C 2943 LOUISSA LN MAITLAND FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>VD</b>	<b>CHARVAT, WILLIAM C 413 BALMORAL RD WINTER PARK FL</b>	<input type="checkbox"/> DELETE

1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: _____	
1.3 STREET ADDRESS: _____	
1.4 CITY-ST-ZIP: _____	
2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: _____	
2.3 STREET ADDRESS: _____	
2.4 CITY-ST-ZIP: _____	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: _____	
3.4 CITY-ST-ZIP: _____	
4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: _____	
4.3 STREET ADDRESS: _____	
4.4 CITY-ST-ZIP: _____	
5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: _____	
5.3 STREET ADDRESS: _____	
5.4 CITY-ST-ZIP: _____	
6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: _____	
6.3 STREET ADDRESS: _____	
6.4 CITY-ST-ZIP: _____	

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JP

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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas E. Peacock* Thomas E. Peacock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (407)644-2656

Date Daytime Phone No.

CR2E034 (12/95)

475402

HELMAN HURLEY CHARVAT PEACOCK / ARCHITECTS, INC.  
ADDITIONAL OFFICERS AND DIRECTORS

V/D  
THOMAS R. HURLEY  
1346 RIDGEWAY AVE.  
WINTER PARK, FL. 32789

V/D  
LARRY W. ZIEBARTH  
632-216 RED OAK CIRCLE  
ALTAMONTE SPRING, FL. 32701

V  
ROBERT A. VAN KAY  
852 DOVER ROAD  
MAITLAND, FL. 32751

V  
JOHN H. NEWLIN, JR.  
1207 APPLETON AVE.  
ORLANDO, FL. 32806

V  
ROBERT J. SZAFRANSKI  
5253 HILLOCK WAY  
ORLANDO, FL. 32810