

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1975	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-1593719	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
				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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JOHN W.	1.2 NAME	Thomas R. Hurley
STREET ADDRESS	111 RED BAY DR.	1.3 STREET ADDRESS	P.O. Box 547461
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32854-7461
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, SAM	2.2 NAME	NEWLIN, JOHN H. JR
STREET ADDRESS	274 A.S. BAY CLUB #202	2.3 STREET ADDRESS	222 W. Maitland Blvd.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DAVN <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, CHARLES S.	3.2 NAME	BRAUN, CHARLES S.
STREET ADDRESS	1623 ORLANDO AVE.	3.3 STREET ADDRESS	1623 ORLANDO AVE.
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	LONGWOOD, FL.
TITLE	VTDS <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, THOMAS, E	4.2 NAME	Ziebarth, Lawrence W.
STREET ADDRESS	815 W LAKE CATHERINE DR	4.3 STREET ADDRESS	222 W. MAITLAND Blvd.
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMAN, ALAN C	5.2 NAME	HELMAN, ALAN C.
STREET ADDRESS	2943 LOLISSA LN	5.3 STREET ADDRESS	204 QUAY SIDE Circle #504
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARVAT, WILLIAM C	6.2 NAME	VANKAY, Robert A.
STREET ADDRESS	413 BALMORAL RD	6.3 STREET ADDRESS	222 W. Maitland Blvd.
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	MAITLAND, FL 32751

14. I 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 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 of an attachment with an address.

SIGNATURE: _____ 1/6/97 (407)644-2656

CR2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1975**

4. FEI Number: **59-1593719** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

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 (81-85)

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

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	ANDERSON, JOHN W. 111 RED BAY DR. LONGWOOD FL	<input type="checkbox"/> DELETE
TITLE	V	LEE, SAM 274 A.S. BAY CLUB #202 ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE
TITLE	DAVN	BRIAN, CHARLES S. 1623 ORLANDO AVE. LONGWOOD FL	<input type="checkbox"/> DELETE
TITLE	VIDS	PEACOCK, THOMAS E 815 W LAKE CATHERINE DR MAITLAND FL	<input type="checkbox"/> DELETE
TITLE	DP	HELMAN, ALAN C 2943 LOUISSA LN MAITLAND FL	<input type="checkbox"/> DELETE
TITLE	VD	CHARVAT, WILLIAM C 413 BALMORAL RD WINTER PARK FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SZAFRANSKI, Robert
1.3 STREET ADDRESS	222 WEST MAITLAND BLVD.
1.4 CITY-ST-ZIP	MAITLAND, FL 32751
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bailey, S Keith
2.3 STREET ADDRESS	222 WEST MAITLAND BLVD.
2.4 CITY-ST-ZIP	MAITLAND, FL 32751
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jordan, John
3.3 STREET ADDRESS	222 WEST MAITLAND BLVD.
3.4 CITY-ST-ZIP	MAITLAND, FL 32751
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WARRING, JAMES R
4.3 STREET ADDRESS	222 W. MAITLAND BLVD.
4.4 CITY-ST-ZIP	MAITLAND, FL 32751
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	

ON 1ST PAGE REPORT COLUMN 1

14. I hereby certify that the information supplied with this filing does not qualify for the provisions of Section 607.0503, 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: _____ DATE: 1/6/97 (407) 644-2656