FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **603450** **(8)**

1. Corporation Name

HARVARD JOLLY CLEES TOPPE ARCHITECTS, P.A.

Principal Place of Business	Mailing Address
2714 9TH ST. N. **ST. PETERSBURG FL 33704**	**2714 9TH ST. N.** **ST. PETERSBURG FL 33704**

3. Date Incorporated or Qualified: **03/15/1972**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1430579** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOLLY, BLANCHARD E
2714 9TH ST. N.
ST. PETERSBURG FL 33704

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 _____ DATE (Registered Agent's signature required when reinstating) _____
Signature, typed or printed name of Registered Agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOLLY, BLANCHARD E.		1.2 NAME	
STREET ADDRESS	2714 9TH ST. N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARVARD, WILLIAM B., JR.		2.2 NAME	
STREET ADDRESS	2714 9TH ST., NO.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLEES, R. JOHN		3.2 NAME	
STREET ADDRESS	2714 9TH ST., NO.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TOPPE, JONATHAN R.		4.2 NAME	
STREET ADDRESS	2714 9TH ST., NO.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COCHRAN JR., JOHN		5.2 NAME	
STREET ADDRESS	2714 9TH ST., NO.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHAWHAN, JAMES		6.2 NAME	
STREET ADDRESS	2714 9TH ST NO		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	

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: B Blanchard Jolly 1/23/96 (813)896-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)