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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 692956

(6)

SWILLEY CURTIS MUNDY ASSOCIATES ARCHITECTS INC.

FILED

Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
1036 SOUTH FLORIDA AVENUE 1036 SOUTH FLORIDA AVENU										
LAKELAND FL	33903	LAKELAND FL 33803-1118								
						3. Date Incorporated or Qualified 07/01/1981		te of Las 22/1996		
······································	lace of Business	2a. Mailing Address				4. FEI Number			Applied Fo	ж
21		Cuito Ant # oto			59-2105504 Not Applicable					
Surte, Apt. 22	. #, OIG	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regulred				al	
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip Co. 29 30			· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curren					Florida Statutes Yes No 10, Name and Address of New Registered Agent				
CMA	LLEY, ROBERT H	t negistered Agent		81	Name	IV. HEINE BING AUGIDES OF HOW IN	- Aistolen	-yent		
	8 SOUTH FLORIDA AVENUE			90	*******	dress (D.O. Cov. N. anharia Net Assessed	LI-V			
	ELAND, FL			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
3380	· ·			83						
				84	City			85 Z	ip Code	
					<u> </u>	poration submits this statement for the	FL		`	
office or agent 1 a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorize lorida Stat	d by utes	the corpora	ation's board of directors. I hereby acce	pt the app	ointment	as register	ed
	Signature, type too printed harve of region is diage	· · · · · · · · · · · · · · · · · · ·		Age	nt signature requ	ured when reinstating)	DATE			
12. TITLE	OFFICERS AND	D DIRECTORS 13.		TI E		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT		
NAME	SWILLEY, ROBERT H	[] DECEM	1.2 N/					L.J Gran	je Lijadi	dipon
STREET ADDRESS	3202 CARLETON PLACE			1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL		1.4 CI	TY-SI	1-21P					
TITLE	VSTD	☐ DELETE	2.1 TI	TLE				Chan	ge 🔲 Add	dition
NAME	CURTIS, JOHN R		2.2 N/	AME						Ì
STREET ADDRESS	400 PALMOLA STREET		1		ADDRESS					
CITY+ST-ZIP TITLE	LAKELAND FL	DELETE	2. 4 C 3.1 TI		T- ZIP			Chan	ge Add	dition
NAMÉ	MUNDY, BENJAMIN F JR	La ottere	3.1 N		1				,o <u>[_</u>],	0,1,0,1
STREET ADDRESS	157 SCOTTSDALE, LOOP		3 3 S	REET	ADDRESS	·				
			34 C	ITY - \$	7-ZIP					
TITLE	V	☐ DELETE	4171	TLE				Chan	ge 🔲 Adı	dition
NAME	HUNNICUTT, KEITH C		4 2 N	AME	1	HUNNICUTT, C. KE	174			
STREET ADDRESS	1825 OLEANDER DRIVE AVON PARK FL				ADDRESS					
CITY - ST - ZIP TITLE	V AVON PAINT FL	DELETE	4 4 CI		I - ZIP		· · · · · · · · · · · · · · · · · · ·	Chan	ge Ad	Idition
NAME	ANDERSON, EMORY A JR	La secut	5 2 N						۰- سن	
STREET ADDRESS	4026 SUGAR CREEK LANE				ADDRESS					
CITY - S1 - ZIP	LAKELAND FL		5.4 C		1					
TOTAL		DELETE	6.1 TI	TLE				Chan	ge Ad	Idilion
NAME			6.2 N	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-S	T-ZIP	The state of the s				

14. I 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 true and accurate and that my signature shall have the same legal effect as if made under eath; 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