SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847820

(8)

97 JUL 30 PM 12: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND

	on Name FORD MCWILLIAMS HATCH	IER ARCHITECTS, INC.			
Principal Piac	e of Business	Mailing Address		(40010) (013) 01911 10097 (010 (101) 001	ı asını atalı albit kibis bibit bibil dibil
22 INVERNESS CTR PKWY BIRMINGHAM AL \$5242		22 INVERNESS CTR PKY	VY		
		#650 Birmingham al 35242		DO NOT WRITE	DO NOT WRITE IN THIS SPACE
US	NE BYETE	US		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/31/1980	02/20/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		63-0797150	Not Applicable
Suite Apt. #, etc. #650		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	29	30]	Personal Property Tax due June	
CT	9. Name and Address of Currel CORPORATION SYSTEM	nt Hegistereo Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
1200 S. PINE ISLAND ROAD					
	ANTATION FL 33324		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or i	to t he p rovisions of Sections 607.050 regi ste red agent, or both, in the State am (am iliar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was	les, the above-named c authorized by the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent. I a SIGNATURE			orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag-	pent and title if applicable. (NO	Orida Statutes. IE: Registered Agent signature n	equired when reinstaling)	DATÉ
•	Signature, typed or printed name of registered age OFFICERS AN		orida Statutes.		DATÉ
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN STD HATCHER, EVERETT	ent and tille if applicable. (NO:	Orida Statutes. E: Registered Agent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS AN HATCHER, EVERETT 1645 PANORAMA DR.	ent and tille if applicable. (NO:	FE: Registered Agent signature in 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
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4. 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 of 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 conversion of 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 is shared by top an attachment with an address.

7/24/97

205-980-6150