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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 858184 (5)

1. Corporation Name
OGRAM ARCHITECTS, INC.

Principal Place of Business	Mailing Address
659 PEACHTREE ST STE. 1600 ATLANTA GA 30308 US	659 PEACHTREE ST. STE. 1600 ATLANTA GA 30308 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1983
3a. Date of Last Report: 06/09/1994

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

4. FEI Number: 58-1481905 ☐ 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

OGRAM, C. LESLIE
1851 GUAVA
EDGEWATER FL 32032

10. Name and Address of New Registered Agent

81 Name: Alan M. Ozell, P.E.
82 Street Address (P.O. Box Number is Not Acceptable): 2446 La Mesa Drive
83
84 City: Jacksonville FL 85 Zip Code: 32217

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: Alan M. Ozell, P.E. Alan M. Ozell (NOTE: Registered Agent signature required when mail/filing) DATE: 04/26/1995
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	PTD	11 TITLE	President	☒ Change ☐ Addition
NAME	OGRAM, DAVID R.	12 NAME	Ozell, Phillip D.	
STREET ADDRESS	3122 EASTWOOD VALLEY RD.	13 STREET ADDRESS	1930 Windham Park NE, Atlanta, GA	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP		
TITLE	V	21 TITLE	Vice President	☐ Change ☒ Addition
NAME	OZELL, PHILLIP D.	22 NAME	Stankus, Roman	
STREET ADDRESS	1930 WINDHAM PARK NE	23 STREET ADDRESS	973 Clifton Rd,	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	Atlanta, GA	
TITLE	S	31 TITLE	S/T	☒ Change ☐ Addition
NAME	PREISS, BRENDA M.	32 NAME	Preiss, Brenda M.	
STREET ADDRESS	3637 LODGEHAVEN DRIVE	33 STREET ADDRESS	3637 Lodgehaven Drive	
CITY ST ZIP	GAINESVILLE, FA	34 CITY ST ZIP	Gainesville, GA 30506	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip D. Ozell AIA 12 April 1995 404-874-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398776 FP