

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858184

(5)

1. Corporation Name

OGRAM/OZELL ARCHITECTS INC.



Principal Place of Business

659 PEACHTREE ST
STE. 1600
ATLANTA GA 30308
US

Mailing Address

659 PEACHTREE ST.
STE. 1600
ATLANTA GA 30308
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OZELL, ALAN M. P.E.
2446 LA MESA DRIVE
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date incorporated or Qualified

10/19/1983

3a. Date of Last Report

05/01/1995

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. 199.052,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 617.0605, Florida Statutes.

SIGNATURE

(Signature of person authorized to execute this statement)

(Signature of person authorized to execute this statement)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	OZELL, PHILLIP D.	
STREET ADDRESS	1930 WINDHAM PARK NE	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	ST	☐ DELETE
NAME	PREISS, BRENDA M.	
STREET ADDRESS	3637 LODGEHAVEN DRIVE	
CITY-STATE-ZIP	GAINESVILLE, FL	
TITLE	VP	☐ DELETE
NAME	STANKUS, ROMAN	
STREET ADDRESS	973 CLIFTON ROAD	
CITY-STATE-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	☐ Change ☐ Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	☐ Change ☐ Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	☐ Change ☐ Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	☐ Change ☐ Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	☐ Change ☐ Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	☐ Change ☐ Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	☐ Change ☐ Addition

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: *Phillip D. Ozell* AIA PHILLIP P. OZELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)