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

**PROFIT** CORPORATION ANNUAL REPORT

1997

City-St-7/P

**SIGNATURE:** 

 I do hereby certify that the information indicated on this annual Lam an officer or director of appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000003097 (3)

BUTNER ARCHITECTURAL GROUP, P.C.

Principal Place	e of Busmess	Mailing A	ddress								
300-A WATER : MONTGOMERY US		P.O. BOX 2109 MONTGOMERY AL 36102-2109									
							3. Date In 07/06	corporated or Qualified /1993		ate of Last F /12/1996	leport
2. Principal Pl	ace of Business	2a. Mailin	g Address				4. FEI Nur				pplied For
21		26					63-1	<u>060755</u>			ot Applicable
Suite, Apt	#, ota.	μη	Suite, Apt. #, etc.				5. Certific	ate of Status Desired			Additional equired
City & State	)		City & State				6 Flection	Campaign Financing			May Be
23		28	28				1	und Contribution			to Fees
Zip	Country	Zip			untry			rporation has liability fo			199.032,
24	9. Name and Address of Curre	29	l cont	30]			101.00	Statutes and Address of New F	Yes		
r T	CORPORATION SYSTEM	iii negistered A	tyent .	· · · · · · · · · · · · · · · · · · ·	81	Name	TU, Maille	and Address Of New 7	refligrer en	Agent	
1200 SOUTH PINE ISLAND ROAD						0	Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324		<b>82</b> Str			Street Add	aress (P.O. Box	number is Not Accept	able)		
					В3		*·			***************************************	
					84	City				<b>85</b> Zip	Code
44 Duray and	to the provisions of Sections 607.050	30 and 607 150	O. Florida Ctate	doo the e		namad aa	en puetlan aubrei	to this statement for the	FL	4 25 2 2 2 2 2	to registered
office or r	id the provisions or Section's 607,050 egistered agent for both, in the State m familiar with, and accept the oblig	e of Florida, Suc	h change was	authorize	d by	the corpora	ation's board of	directors. I hereby acc	ept the apr	pointment as	s registered
-	m tamiliar with, and accept the oblig	jations of, Section	on 607.0505, P	iorida Sta	tutes	i.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applical	ble (NO	1E: Registere	ad Age	nt signature req	ulred when reinstating	)	DATE		
12.		ID DIRECTORS		13.			ADDITIO	NS/CHANGES TO OFF	ICERS AND		
TITLE	PCD FONCET 6		☐ DELETE	1.1 T						Change	Addition
NAME BASSA ARGUMAN	BUTNER, ERNEST S 3130 PINEHURST DRIVE			1.2 N							
STREET ADDRESS  CITY-ST-ZIF	MONTGOMERY AL 36111				OTY-S	ADDRESS T. 7IP					
TILE	VTD	_,	DELETE	21 T		1-511	~\nun	4-6-201		Change	Addition
NAME	RUSH, JAMES M			2.2 N	IAME						
STREET ADDRESS	2844 COLONIAL DRIVE			235	TREET	ADORESS					
CITY - S1 - ZIP	MONTGOMERY AL 36106			2.44	CITY-S	ST-ZIP	···,.				
TITLE	SD CARY		DELETE	3.1 T						Change	Addition
NAME PROPERT LOSSOCIO	GREENSHIELDS, GARY 1028 WILLOW SPRINGS ROA	n			IAME	ADDDECC					
STREET ADDRESS City-ST-Zip	WETUMPKA AL				CITY-S	ADDRESS					į
TITLE	TILIOM WATER	·····	DELETE	4.1 T		21-211	<del></del>			Change	Addition
NAMÉ				4.21	NAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			T be est		CITY-S	T-ZIP					
TITLE			☐ DELETE	5.1 T		j				Change	Addition
NAME CIDO LABORICE					IAMÉ STOCCT	ADDDECC					
STREET ADDRESS CITY-ST-ZIP					OTY-S	ADDRESS					
TITLE			DELETE	6.1 T		1 - 411				Change	Addition
NAME					IAME					,	
STREET ADDRESS				•		ADDRESS					

6.4 DITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that enables or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name thanged, or on an attachment with an address.