

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3: 03

DOCUMENT # F94000003461 (0)

1. Corporation Name
BONEY ARCHITECTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
120 SOUTH FIFTH AVENUE 120 SOUTH FIFTH AVENUE
WILMINGTON NC 28401 WILMINGTON NC 28401

3. Date Incorporated or Qualified 06/30/1994
3a. Date of Last Report

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

4. FEI Number 56-1317456 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

10. Name and Address of New Registered Agent

THORN, CRAIG
1 DOLPHIN DRIVE
ST. AUGUSTINE FL 32084

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 Craig Thorn AIA Architect January 30, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	BONEY, LESLIE N JR
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	P
NAME	BONEY, CHARLES H
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	VD
NAME	BONEY, CHARLES H JR
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	S
NAME	IVES, SUE B
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	T
NAME	BONEY, PAUL D
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	D
NAME	CLAYWELL, JAMES A
STREET ADDRESS	5408 POND DRIVE
CITY - ST - ZIP	WILMINGTON NC 28409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Boney, J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Filing Fee: \$ _____