

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003461 (0)

1. Corporation Name

BONEY ARCHITECTS, INC.



Principal Place of Business

Mailing Address

120 SOUTH FIFTH AVENUE
WILMINGTON NC 28401

120 SOUTH FIFTH AVENUE
WILMINGTON NC 28401

**1213 CULBRETH DRIVE
WILMINGTON NC 28405**

**1213 CULBRETH DRIVE
WILMINGTON NC 28405**

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
02/02/1995

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FET Number

56-1317458

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**

81. Name

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

83.

84. City

FL

85. 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

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 <input type="checkbox"/> DELETE
NAME	BONEY, LESLIE N JR
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	P <input type="checkbox"/> DELETE
NAME	BONEY, CHARLES H
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	VD <input type="checkbox"/> DELETE
NAME	BONEY, CHARLES H JR
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	S <input type="checkbox"/> DELETE
NAME	IVES, SUE B
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	T <input type="checkbox"/> DELETE
NAME	BONEY, PAUL D
STREET ADDRESS	120 SOUTH FIFTH AVENUE
CITY - ST - ZIP	WILMINGTON NC 28401
TITLE	D <input type="checkbox"/> DELETE
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	DIRECTOR/RALEIGH OFFICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHERINE N RUSS, AIA
1.3 STREET ADDRESS	5511 CAPITAL CENTER DR - SUITE 310
1.4 CITY - ST - ZIP	RALEIGH NC 27606
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	CHIEF EXECUTIVE OFFICER <input checked="" 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996

Date Daytime Phone #

CR2E034 (12/95)