

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

FILED

**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003461 (0)

1. Corporation Name
BONEY ARCHITECTS, INC.



Principal Place of Business 1213 CULBRETH DRIVE WILMINGTON NC 28405 US	Mailing Address 1213 CULBRETH DRIVE WILMINGTON NC 28405-3640 US
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3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 56-1317458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent
**THORN, CRAIG
1 DOLPHIN DRIVE
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

I, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	CEO	<input type="checkbox"/> DELETE
NAME	BONEY, PAUL D	
STREET ADDRESS	120 SOUTH FIFTH AVENUE	
CITY - ST - ZIP	WILMINGTON NC	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Katherine Ross	
1.3 STREET ADDRESS	1726 Arboretum Trail	
1.4 CITY - ST - ZIP	Cary, NC 27511	
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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ Date: **2/5/97** Daytime Phone #: **910 509-9901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LESLIE N BONEY JR** Date: _____ Daytime Phone #: **0010394**

CR2E034 (9/96)