SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** K35231 (5) HUNTER/MCKELLIPS ASSOCIATES/ARCHITECTS, INC. Principal Place of Business Mailing Address **% ROLLAND A. MCKELLIPS** % ROLLAND A. MCKELLIPS 1705 N.W. 6TH ST. 1705 N.W. 6TH ST. **GAINESVILLE FL 32609** GAINESVILLE FL 32609 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1988 08/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 408 WIUNIVERSITY AVE 408 W. UPILLERSITY AVE 59-2940162 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 403 5. Certificate of Status Desired SUITE 403 Fee Required City & State City & State GAINGSVILLE 6. Election Campaign Financing \$5.00 May Be GAINGWILLE Trust Fund Contribution Added to Fees Zip 32601 37601 Country 8. This corporation has liability for intangible tax under s. 199 032 ALICHUA ALACHUA 24 29 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCKELLIPS, ROLLAND A. 1705 N.W. 6TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32609** 83 84 City 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. Thereby 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 of registered agent and title if applicati (NOTE: Registered Agent's greature required when religiotating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME MCKELLIPS, ROLLAND A. 1.2 NAME CR2E034 STREET ADDRESS RT. 2, BOX 2630 2398 S.B. 30 TH. ST 13 STHEET ADDRESS CITY-ST-ZIP MELROSE FL MELROSE, FL 32666 14 CITY - ST-7IP TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET AODRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 City - ST-ZIP TITLE DELETE 31 TITLE Change Add tion NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-2IP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST- ZiP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 6) TITLE Criange Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this firing 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 triis 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 617. Florida Statutes, and that my name appears in Block 13 if changed are of an attachment with an address Ax 1,1996 (352) 377-7501 SIGNATURE: NTED NAME OF SIGNING DEFICER OR DIRECTOR

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