FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # N29754 (1)

1. Corporation Name
AIA TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
% DOUGLAS BARLOWE P. O. BOX 14132 TALLAHASSEE FL 32317	% DOUGLAS BARLOWE P. O. BOX 14132 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1988
3a. Date of Last Report: 12/02/1994
4. FEI Number: 59-2299347 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BARLOWE, DOUGLAS
313 N. MONROE ST., SUITE ONE
TALLAHASSEE FL 32301

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

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] Douglas G. Barlowe V. Pres. 2.10.95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ~~D~~ NAME: AMALFITANO, BRUCE D. STREET ADDRESS: 1311 EXECUTIVE CENTER DR CITY-ST-ZIP: TALLAHASSEE FL	1.1 TITLE: PV. 1.2 NAME: Ivan E. Johnson 1.3 STREET ADDRESS: 213 N. Monroe St 1.4 CITY-ST-ZIP: Tallahassee, Fla. 32301 ☑ Change ☐ Addition
TITLE: ~~VP~~ D NAME: MILLER, THOMAS J. STREET ADDRESS: 410 GRAIL DRIVE CITY-ST-ZIP: TALLAHASSEE FL	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ~~SD~~ PV NAME: FERREN, BOB STREET ADDRESS: 251 E. 7TH AVE. CITY-ST-ZIP: TALLAHASSEE FL	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: D NAME: MANAUSA, C. TRENT STREET ADDRESS: 2074 RAYMOND DIEHL RD. CITY-ST-ZIP: TALLAHASSEE FL	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ~~PD~~ NAME: ~~GRIESBACH, MARK N.~~ STREET ADDRESS: ~~4211 BUTTERCUP WAY~~ CITY-ST-ZIP: ~~TALLAHASSEE FL~~	5.1 TITLE: S/TD 5.2 NAME: Mark Thiele 5.3 STREET ADDRESS: 209 Hoffman Dr. 5.4 CITY-ST-ZIP: Tallahassee, Fla 32312 ☑ Change ☐ Addition
TITLE: ~~TD~~ VP NAME: BARLOWE, DOUGLAS STREET ADDRESS: 313 N. MONROE CITY-ST-ZIP: TALLAHASSEE FL	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Douglas G. Barlowe V Pres 2.10.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone # 904.224.9700

0027074