FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P12763** **(9)**

1. Corporation Name
FRANKLIN ASSOCIATES, ATCHITECTS, INC.

Principal Place of Business	Mailing Address
142 N. MARKET STREET P.O. BOX 4048 CHATTANOOGA TN 37405-1048	142 N. MARKET STREET P.O. BOX 4048 CHATTANOOGA TN 37405-0048

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **01/25/1996**

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

4. FEI Number: **62-0679391** ☐ 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

BARKER, TAYLOR EARL
12020 NW 31ST PLACE
SUNRISE FL 33323

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HILBERT, GARY B.		1.2 NAME		
STREET ADDRESS	7003 GENOA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, HARRY J. JR.		2.2 NAME		
STREET ADDRESS	6336 OLD DAYTON PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIXSON TN		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, TERRY W.		3.2 NAME		
STREET ADDRESS	8011 TURTLE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OOLTEWAH TN		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, ROBERT A.		4.2 NAME		
STREET ADDRESS	142 N. MARKET ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, JR. E J.		5.2 NAME		
STREET ADDRESS	602 SPRING LAKE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTNOOGA TN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ GARY B. HILBERT, SECRETARY 423-266-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477628