

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P13588** (9)
1. Corporation Name
SAUNDERS, ROBERTS, & JOHNSON, ARCHITECTS, INC.

Principal Place of Business 1108 MARYLAND DRIVE ALBANY GA 31707	Mailing Address 1108 MARYLAND DRIVE ALBANY GA 31707
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1987	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 58-1662487	Applied For ☐ Not Applicable ☐
22 City & State	27	City & State		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23 Zip	28	City & State		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**DIEZ, FERMIN J. JR.
2412 CARMEN STREET
TAMPA FL 33609**

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, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, MACKEY RILEY	1.2 NAME	
STREET ADDRESS	1108 MARYLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, DIANE D.	2.2 NAME	
STREET ADDRESS	1108 MARYLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, WILLIAM T.	3.2 NAME	
STREET ADDRESS	1108 MARYLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	MICHAEL A. JOHNSON V.D.
STREET ADDRESS		4.3 STREET ADDRESS	1108 MARYLAND DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ALBANY, GA. 31707
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* REQUIRED

1/14/98

912-436-9877.

CR2E034 (10/97)