

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:36

DOCUMENT # P14453 (5)

1. Corporation Name

HOWELL RUSK DODSON-ARCHITECTS, P.C.

Principal Place of Business

3355 LENOX ROAD
SUITE 1190
ATLANTA GA 30326

Mailing Address

3355 LENOX ROAD
SUITE 1190
ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1987

3a. Date of Last Report

02/22/1994

4. FEI Number

58-1473694

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

VD

NAME

BURRISS, DAVID ALAN SR.

STREET ADDRESS

3355 LENOX RD.

CITY - ST - ZIP

ATLANTA GA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PDM

NAME

RUSK, JR. O

STREET ADDRESS

3355 LENOX ROAD

CITY - ST - ZIP

ATLANTA GA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

DODSON, RODGER W.

STREET ADDRESS

3355 LENOX RD.

CITY - ST - ZIP

ATLANTA GA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

Delete

Dodson, Roger

Terminated

TITLE

ST

NAME

Rollyson, Patricia E.

STREET ADDRESS

3355 Lenox Road

CITY - ST - ZIP

Atlanta, GA 30326

☐ Change ☒ Addition

TITLE

ST

NAME

ST

STREET ADDRESS

ST

CITY - ST - ZIP

ST

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ST

NAME

ST

STREET ADDRESS

ST

CITY - ST - ZIP

ST

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)(b), 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/94

(404)

266-9631