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FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
~~1997~~ 1998

FLORIDA DEPARTMENT OF
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORAT

DOCUMENT # P92000015528 (2)

1. Corporation Name
NICK JONES & ASSOCIATES, ARCHITECTS AND PLANNERS
, INC.

been No changes.
[redacted]

Principal Place of Business	Mailing Address
1322 BOWMAN ST CLERMONT FL 34712	P O BOX 120580 CLERMONT FL 34712-0580

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of: 04/18/1

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3147140

5. Certificate of Status Desired ☐ $8

6. Election Campaign Financing Trust Fund Contribution ☐ $5

8. This corporation has liability for intangible tax un Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES NICK ARTHUR
1322 BOWMAN ST
CLERMONT FL 34711

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

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 changi 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 appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Chan
NAME	JONES, NICK A		1.2 NAME	
STREET ADDRESS	1322 BOWMAN ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Chang
NAME	JONES, AMY L		2.2 NAME	
STREET ADDRESS	1322 BOWMAN ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Chan
NAME	CUNNINGHAM, BEVERLY J.		3.2 NAME	
STREET ADDRESS	1322 BOWMAN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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 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 und 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 n appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: [signature] 4-30-98 265-58-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR