

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086646 (5)**

1. Corporation Name

COFFIN AND SCALISI-ARCHITECTS, P.A.



Principal Place of Business

**1309 St. Johns Bluff Rd. N.
3000 REGENCY SQUARE BLVD.
SUITE 202 A-5
JACKSONVILLE FL 32225**

Mailing Address

**1309 St. Johns Bluff Rd. N.
3000 REGENCY SQUARE BLVD.
SUITE 202 A-5
JACKSONVILLE FL 32225**

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/01/1994 | 3a. Date of Last Report 04/21/1995 |
| 4. FEI Number 59-3216834 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1309 St. Johns Bluff Rd. N. | 26 1309 St. Johns Bluff Rd. N. |
| Suite, Apt. #, etc. 22 A-5 | Suite, Apt. #, etc. 27 A-5 |
| City & State 23 Jacksonville, Fl | City & State 28 Jacksonville, Fl |
| Zip 24 32225 | Zip 29 32225 |
| Country 25 USA | Country 30 USA |

9. Name and Address of Current Registered Agent

**HAYES, DENNIS E
233 EAST BAY ST.
SUITE 620
JACKSONVILLE FL 32220**

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 (applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|--|
| TITLE <input type="checkbox"/> DELETE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D COFFIN, ALAN G | 1.2 NAME |
| STREET ADDRESS 2001 Hodges Blvd. | 1.3 STREET ADDRESS 2001 Hodges Blvd. #1510 |
| CITY-STATE-ZIP JACKSONVILLE FL 32225 32224 | 1.4 CITY-STATE-ZIP Jacksonville, Fl 32224 |
| TITLE <input type="checkbox"/> DELETE | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D SCALISI, RONALD I | 2.2 NAME |
| STREET ADDRESS 2332 Covington Creek Dr. W. | 2.3 STREET ADDRESS 2332 Covington Creek Dr W. |
| CITY-STATE-ZIP JACKSONVILLE FL 32226 32224 | 2.4 CITY-STATE-ZIP Jacksonville, Fl 32224 |
| TITLE <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-STATE-ZIP | 3.4 CITY-STATE-ZIP |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-STATE-ZIP | 4.4 CITY-STATE-ZIP |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-STATE-ZIP | 5.4 CITY-STATE-ZIP |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-STATE-ZIP | 6.4 CITY-STATE-ZIP |

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Feb 96

904-998-8860

CR2E034 (12/95)