FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Morthani ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)**DOCUMENT #** Corporation Name DONADIO AND ASSOCIATES, ARCHITECTS, P.A. Mailing Address Principal Place of Business P.O. BOX 7072 1401 S. AIA VERO BEACH FL 32961-7072 206 VERO BEACH FL 32963 3a. Date of Last Report 3. Date Incorporated or Qualified US 05/01/1995 07/06/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability of intangible tax under s. 199.032, Country Country Zin Zip Yes 🔲 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DONADIO, ANTHONY J 82 1401 SOUTH AIA 83 VERO BEACH FL 32963 Zip Code 84 City of Sections 607.050? and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in the State off lorida. Fuch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am e obligations of Section 507.0505, Fig. da Statutes 11. Pursuant to the or registered familiar with SIGNATURE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 Hillus TITLE DONADIO, ANTHONY J 1.2 NAME NAME 1401 SOUTH AIA 1.3 STREET ADDRESS STREET ADDRESS **VERO BEACH FL** 1.4 CUTY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 TITLE TITLE DONADIO, ANTHONY J 2.2 NAME MAME 1401 SOUTH AIA 2.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 2.4 CHTV - \$1 - 712 CITY-ST-ZIP Change Addition DELETE 3 1 TIT: F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST 7:P CITY-ST-ZIP Addition ☐ Change DELETE 4 1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+\$1-ZIP CITY-ST ZIP Change Addition DELETE 5 1 TILE TITLE 5.2 NAME NAME 5.3 STREET ACCRESS STREET ADDRESS 5.4 CITY - \$1 - 2IP CITY - ST - ZIF ☐ Addition Change DELETE 6 1 7 17 18 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 cath, that I am an officer of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 SIGNATUR

5.4 CITY - ST - ZIP

CITY-ST-ZIP