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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V19819 (4)
1. Corporation Name
ROWE ARCHITECTS, INCORPORATED



Principal Place of Business
100 MADISON STREET
TAMPA FL

Mailing Address
100 MADISON STREET
TAMPA FL 33602-4703

3. Date Incorporated or Qualified
03/10/1992
3a. Date of Last Report
02/09/1996
4. FEI Number
59-3113831
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
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
9. Name and Address of Current Registered Agent
WILDER, LARRY
100 MADISON STREET
SUITE 200
TAMPA FL 33602

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 not accepting the obligation of Section 607.0505, Florida Statutes.

SIGNATURE 3.19.97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 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 recorder 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 or on an attachment with an address.

SIGNATURE: MANAGING PRINCIPAL 221.8771
SIGNATURE AND NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/19/97 Daytime Phone #

CR2E034 (9/96)