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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355684

(2)

KBJ ARCHITECTS, INC.

appears in Block 12 or Block 13 if

Principal Place of Business Mailino Address 510 JULIA STREET 510 JULIA STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4129 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1969 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1277189 26 Not Applicable 21 Suite, Apt. # letc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stare City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zio Country Zω Country This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, WALTER O **510 JULIA STREET** 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 City 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. Thereby accept the appointment as registered agent. Lam familian with, and accept the obligations of, Section 607.0505, Florida Statutes. S:GNATURE sign it is a figuration product name of regulational agent and the diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change Addition 1.1 TITLE TOLLE MORRIS, WILLIAM T. 1.2 NAME NAME **510 JULIA STREET** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 1.4 CHY-ST-ZIP DIY \$1.72 Change DELETE 21 TITLE Addition Tiller NAMI REEP, RICHARD T 2 2 NAME **510 JULIA STREET** 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 2. 4 CITY - ST - ZIP COY-\$1-7P DELETE Change Addition 3.1 TITLE THE RUTH, JOHN W. NAME 3.2 NAME **510 JULIA STREET** 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 3.4 CITY-ST-ZIP Offin-St. 20h DELETE Change Add tion 4.1 TITLE Lille DIAMOND, JOHN J 4. 2 NAME NAM **510 JULIA STREET** 4.3 STREET ADDRESS STREET ADORESS JACKSONVILLE, FL 00000 $011^{\mathbf{v} \cdot \mathbf{S} \mathbf{1} \cdot \mathbf{Z} \mathbf{P}^2}$ 4.4 CITY-ST-ZIP DELETE Id f CO 5 1 TITLE Change Addition MANE TAYLOR, WALTER Q 5.2 NAME **510 JULIA STREET** 5.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 5.4 CITY-ST-ZIP CHY \$1-70 DELETE Change Addition H"LE 61 TITLE Principal 6.2 NAME NAME Rensing, Thomas K. STEEL LADORESS 6.3 STREET ADDRESS City-St-ZiP 510 Julia St., Jacksonville F1. 32202

14. If do he eby 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 in dicator 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

chment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

₩ 3-19-97 Date

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