

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 26 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 # 355684 (2) 1. Corporation Name KBJ ARCHITECTS, INC.	



Principal Place of Business 510 JULIA STREET JACKSONVILLE FL 32202	Mailing Address 510 JULIA STREET JACKSONVILLE FL 32202-4129
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1969	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1277189		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

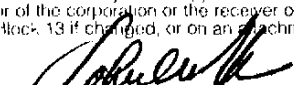
9. Name and Address of Current Registered Agent TAYLOR, WALTER O 510 JULIA STREET JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL 85 Zip Code	

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD MORRIS, WILLIAM T. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	510 JULIA STREET	1.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD REEP, RICHARD T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	510 JULIA STREET	2.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD RUTH, JOHN W. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	510 JULIA STREET	3.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD DIAMOND, JOHN J ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	510 JULIA STREET	4.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	CD TAYLOR, WALTER O ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	510 JULIA STREET	5.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:  **John K. Rensing** **3-19-97** **9043569491**

CR2E034 (9/96)