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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355684

(2)

KBJ ARCHITECTS, INC.

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**FILED** 

Mar 04 1998 8:00am

Secretary of State

510 JULIA STREET JACKSONVILLE FL 3202  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 11/21/1969  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied	
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Typpion Typpion	
	olicable
27 Fee Require City & State	<u>a</u>
6. Election campaign rinalicing \$5.00 May	
28 Trust Fund Contribution Added to Fe	
8, This corporation owes or has paid the current year intangi	
25 29 30 Personal Property Tax due June 30. Yes No. No. Name and Address of New Registered Agent	
intentition, therein to	
510 JULIA STREET  82 Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202	
83	
84 City 85 Zip Code	<del></del>
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its reg	stered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice 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 registagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	iered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
	Addition
NAME MORRIS, WILLIAM T. 1.2 NAME	
STREET ADDRESS 510 JULIA STREET 1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000 14 CITY-ST-ZIP JACKSONVILLE FC 32202	
	Addition
NAME REEP, RICHARD T 22 NAME	
STREET ADDRESS 510 JULIA STREET 2.3 STREET ADDRESS	
2.5 Office Publication	
2. Constant Office F C. Constant	Addition
NAME RUTH, JOHN W.	- MUNIUNI
RAO NAIA OTOPPY	
THE STATE OF THE S	Addition
TITLE PU DIAMOND, JOHN J L Change L Cha	ACCUICION
NAME DIAMOND, JOHN J  STREET ADDRESS 510 JULIA STREET  4.2 NAME CRAIC KIRKWOOD  4.2 NAME CRAIC KIRKWOOD  4.2 NAME CRAIC KIRKWOOD  5.10 JULIA STREET	
STREET ADDRESS 510 JULIA SINCEI	
CITY-ST-ZIP JACKSONVILLE, FL 00000 4.4 CITY-ST-ZIP JACKSONVILLE FL 3L202	
THILE I DELETE STILLE   LAI UNANGE L.	Addition
NAME TAYLOR, WALTER Q 52 NAME	
STREET ADDRESS 510 JULIA STREET 5.3 STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000 5.4 CITY-ST-ZIP JACKSONVILLE FL 32202	
CITY-ST-ZIP JACKSONVILLE, FL 00000 5.4 CITY-ST-ZIP TACKSONVILLE FL 32202.  TITLE P DELETE 5.1 TITLE D ZI Change	Addition
CITY-ST-ZIP JACKSONVILLE, FL 00000  5.4 CITY-ST-ZIP  THE P DELETE  6.1 TITLE  RENSING, THOMAS K.  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.2 NAME  DELETE  6.2 NAME	Addition
CITY-ST-ZIP JACKSONVILLE, FL 00000  5.4 CITY-ST-ZIP  THE  DELETE  5.1 TITLE  D  CTONONIO THOMAS AND	Addition

14. I 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 suppliemental 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 roceiver 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, own an allachment with an address