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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 355684

1. Corporation Name

KBJ ARCHITECTS, INC.

Principal Place of Business Mailing Address					•			••••		
510 Julia Street Jacksonville Fl. 32202		510 JULIA STREET JACKSONVILLE FL 32202				DO NOT WRITE	E IN THIS	SPACE.		
					_	3	3. Date Incorporated or Qualifed 11/21/1969			
2. Principal P	lace of Business	2a. Mailing Address			4	4. FEI Number			Applied For	
21		26					<u>59-1277189</u>	_,		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	×	•	Additional Required
City & Stat	e	City & State				•	Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip	Coun	try	_	1	This corporation owes the curre     Personal Property Tax.	nt year Int	angible Yes	 □No
24	9. Name and Address of Current		JO 1			10	0. Name and Address of New Re	gistered .	Agent	
<del> </del>	3. Haine and Addiese of Carrent	- Itogioto	-	81	Name	•			_	
TAYLOR, WALTER Q				B2	Street Ac	Address (P.O. Box Number is Not Acceptable)				
	julia street (sonville fl 32202		Į.							
JACI	ASOMVILLE PL 32202	•	'	83					·a.	
	•			84	City			FL	85 Z	ip Code
44 0	to the provisions of Sections 607.0502	and 607 1509 Elorida Statute	se the sh	0/0-	named co	ornorati	ion submits this statement for the r		changing	its registered
office or i	registered agent, or both, in the State of manifering the obligation of the obligati	it Florida. Such change was at	utnorizea i	oy tn	ne corpora	ation's	board of directors. I hereby accept	the appoir	ntment as	registered
SIGNATURE										
OICHAIGHE	Signature, typed or printed name of registered agent		Registered A	gent s	signature requ	uired whe		DATE		
12.	OFFICERS AND		13.			~	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	VD	☐ DELETE	1.1 TTTL	E	7	SD.			Chang	le ("] Addition
NAME	MORRIS, WILLIAM T.		1.2 NAM	1.2 NAME						
STREET ADDRESS	510 Julia Street		1.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3220		1.4 CITY-ST-ZIP							
TITLE	SD DELETE		2.1 TITL	2.1 TITLE			_		☐ Chang	ge Addition
NAME	REEP, RICHARD T		2.2 NAM	2.2 NAME			` `			
STREET ADDRESS	FAC BUILD OFFICET			2.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3220	2	. 2.4 CIT	Y-\$T-	-ZIP					
TITLE	TD DELETE		3.1 TITLE			<del>-</del>		_ ☐ Chang	ge Addition	
NAME	RUTH, JOHN W.		3.2 NAM	3.2 NAME						
STREET ADORESS	-45 DOLA ATDEET		3.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3220	2	3.4. CIT	Y-ST-	-ZIP					
TITLE	D .	DELETE	4.1 TITL						Chang	ge Addition
NAME	KIRKWOOD, CRAIG		4.2 NA	ME	ŀ					
STREET ADDRESS			4.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3220	2	4.4 CIT							
TITLE	CD		5.1 TITL		-	<u></u>			☐ Chang	ge Addition
	1 *-		5.2 NAM				٨.		'	-
NAME	TAYLOR, WALTER Q   510 JULIA STREET		4		ADDRESS					
STREET ADDRESS	<sup>-</sup>	n	5.4 CITY							
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3220	Z DELETE	6.1 TITL			Ъ	<del></del>		Chang	e Addition
TITLE	P RENSING THOMAS K		6.2 NAN			U			<b>/~</b>	
NAME	I REMSING I PRIMOS R		27.124		F					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 5

CITY-ST-ZIP

STREET ADDRESS 510 JULIA ST

JACKSONVILLE FL 32202

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 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, with all other like empowered.

**FILED** 

Mar 31, 1999 8:00 am Secretary of State

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