2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #355684** 04-22-2004 90049 014 ***158.75 KBJ ARCHITECTS, INC. Principal Place of Business Mailing Address 94060773 510 JULIA STREET 510 JULIA STREET JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) 4. FE! Number Applied For City & State City & State 59-1277189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, WALTER Q Street Address (P.O. Box Number is Not Acceptable) 510 JULIA STREET JACKSONVILLE, FL 32202 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE SD ☐ Delete TITLE Change ☐ Addition MORRIS, WILLIAM T. NAME NAME 510 JULIA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX, FL 32202 CITY-ST-ZIP TD TITLE Change Addition TITLE Delete RUTH, JOHN W. NAME NAME STREET ADDRESS 510 JULIA STREET STREET ADDRESS CITY-ST-ZIP JAX, FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KIRKWOOD, CRAIG NAME HAME 510 JULIA ST STREET ADDRESS STREET ADDRESS JAX, FL 32202 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TAYLOR, WALTER Q NAME NAME STREET ADDRESS 510 JULIA STREET STREET ADDRESS CITY-ST-ZIP JAX, FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RENSING, THOMAS K. NAME 510 JULIA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, but all other like empowered. William T. Morris 4/19/04 SIGNATURE:

FILED Apr 22, 2004 8:00 am