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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:29

DOCUMENT # **359490** **(0)**

1. Corporation Name
W. R. FRIZZELL ARCHITECTS, INC.

Principal Place of Business	Mailing Address
1400 COLONIAL BLVD SUITE 202 FT MYERS FL 33907	2070 MCGREGOR BOULEVARD SUITE #E FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1970	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1284270	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2070 McGregor Blvd.	26 P.O. Box 61079
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27
City & State 23 Fort Myers, Florida	City & State 28 Fort Myers, Florida
Zip / Country 24 33901 / 25 US	Zip / Country 29 33906 / 30 US

9. Name and Address of Current Registered Agent

HOLLIS, CHARLES A.
940 NOTT ROAD
CAPE CORAL 33991

10. Name and Address of New Registered Agent

81 Name: Hollis, Charles A.
82 Street Address (P.O. Box Number is Not Acceptable): 2070 McGregor Blvd.
83: Suite E
84 City: Fort Myers **FL** 85 Zip Code: 33901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~ PD	1.1 TITLE	VC, D	☐ Change ☒ Addition
NAME	BISCHOF, G.M.	1.2 NAME	Smith, III, W.C.	
STREET ADDRESS	10420 SE JUPITER NARROWS	1.3 STREET ADDRESS	2069 First Street	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	Fort Myers, FL. 33901	
TITLE	~~S~~ S	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	HOLLIS, C.A.	2.2 NAME	DiBenedetto, T.R.	
STREET ADDRESS	940 NOTT ROAD	2.3 STREET ADDRESS	84 State Street	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Boston, MA. 02109	
TITLE	~~V~~ V	3.1 TITLE		☐ Change ☐ Addition
NAME	PIAZZA, S. W.	3.2 NAME		
STREET ADDRESS	2154 INDIAN BAYOU DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL	3.4 CITY-ST-ZIP		
TITLE	~~V~~ V	4.1 TITLE		☐ Change ☐ Addition
NAME	AKS, S. D.	4.2 NAME		
STREET ADDRESS	16844 ALEXANDER RUN	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FARMS FL	4.4 CITY-ST-ZIP		
TITLE	~~V~~ V	5.1 TITLE		☐ Change ☐ Addition
NAME	TRAMONTE, B.	5.2 NAME		
STREET ADDRESS	223 N. LAKESIDE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	Halsey, D.N.	6.2 NAME		
STREET ADDRESS	2236 Chandler Ave.	6.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL. 33907	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ C.A. Hollis 3/3/95 813-337-7717
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)

03/18/95 CP