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

PROFIT CORPORATION



ELORIDA DEPARAMENT OF STATE

(9)

CLYDE E. HARRIS & ASSOCIATES, ARCHITECTS, INC.

Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 401692

FILED May 01 1998 8:00am Secretary of State



Mailing Address Principal Place of Business ARCHITECTS INC ARCHITECTS INC 4331-ROOSEVELT-BLVD 4321 ROOSEVELT BLVD-JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2970 ST. JOHNS 2. Principal Place of Business 05/22/1972 2a, Mailing Address 4. FEI Number Applied For VACKSOMUILLE 32205 26 FLA . 58-1402917 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 25 Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name HARRIS, CLYDE E 4321-ROOSEVELT-BLYD- 2970 ST. JOHNS 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL в3 32210 32205 84 City 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 Signature, typod or printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HARRIS, CLYDE E NAME 1.2 NAME CR2E034 2970 ST. JOHNS AU ~4821 ROOSEVELT BLVD STREET ADDRESS 1.3 STREET ADDRESS 32205 JACKSONVILLE, FL-00000-CITY-ST-ZIP 14 City-ST-7P DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-\$1-ZIP

14. Thereby 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.

911 As. S. 1998