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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT # 413355** 

**/0**\

| DYKES-JOHNSON ARCHITECTS, INC.                                    |   |   |   |                          |                             |   |                     |                       |  |
|---|---|---|---|--------------------------|-----------------------------|---|---------------------|-----------------------|--|
| Principal Place   | e of Business   | Mailing Address   |   |                          |                             |   | 1 0111 016H 01011 0 |                       | OLDIN DIGIN FORL                       |
| 2006 WEST BRANDON BOULEVARD<br>BRANDON FL 33511                   |   | 2006 WEST BRANDON<br>BRANDON FL 33511   | 2006 WEST BRANDON BOULEVARD<br>BRANDON FL 33511 |                          |                             |   |                     |                       |  |
| O District Pi   |   |   |   |                          |                             | 3. Date Incorporated or Qualified 11/21/1972  | 3a. Date o          | Last R<br>)1/199      |  |
| z. Principar Pk   | ace of Business   | 2a. Mailing Address   | <del></del>                                     |                          |                             | 4. FEI Number   |                     | h                     | Applied For                            |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |   |                          |                             | 59-1481921  |                     |                       | Not Applicable                         |
| 2   |   | 27  | 27  |                          |                             | 5. Certificate of Status Desired  |                     |                       | Additional<br>Required                 |
| City & State  |   | City & State  |   |                          |                             | 6. Election Campaign Financing  | F71                 | \$5.0                 | 0 May Be                               |
| Zip   | Country   | <b>28</b> Zip   | T Co  | intry                    |                             | Trust Fund Contribution   |                     |                       | d to Fees                              |
| 4   | 25  | 29  | 30  | ıı ilir y                |                             | B. This corporation has liability for<br>Florida Statutes   |                     | ınder s               | 199.032,                               |
|   | 9. Name and Address of Curr   |   |   |                          |                             | 10. Name and Address of New F   |                     | ent                   | ······································ |
|   |   |   |   | 81                       | Name                        |   |                     |                       | ··········                             |
| JOHNSON, MARK D.  |   |   |   | 82                       | Street Add                  | ess (P.O. Box Number is Not Acceptable)   |                     |                       | ****                                   |
| 2006 W. Brandon Blvd.<br>Brandon Fl 33511                         |   |   |   | 83                       |                             |   |                     |                       |  |
| DRANDO  | IN FL 33511   |   |   | 63                       |                             |   |                     |                       |  |
|   |   |   |   | 84                       | City                        |   | FL                  | B5 Zıç                | Code                                   |
| <ol> <li>Pursuant to<br/>or registere<br/>familiar wit</li> </ol> | o the provisions of Sections 607.05<br>ad agent, or both, in the State of Fic<br>h, and accept the obligations of. Se | 02 and 607.1508, Florida Statu<br>orida. Such change was authori<br>ction 607.0505. Florida Statute | tes, the abo                                    | ve-n<br>corpo            | amed corpo<br>oration's boa | ration submits this statement for the purific of directors. I hereby accept the app   |                     | ing its r<br>gistered | agistered office<br>agent. I am        |
| SIGNATURE   | •   |   | <b>.</b> .                                      |                          |                             |   |                     |                       |  |
|   | Signature typed or printed name of registered ago   | <del></del>   |   | Agen                     | signature require           | od when reinstating)  | DATE                |                       |  |
| I2.   | OFFICERS AND DIRECTORS  DELETE  |   | 13.   | T                        |                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  |                     |                       |  |
| AME   | JOHNSON, MARK D.  |   | 1. 1 T  |                          | - 1                         |   |                     | Change                | ☐ Addition                             |
| TREET ADORESS   | 2512 WHISPER LAN  |   |   |                          | ADDRESS                     |   |                     |                       |  |
| ITY-ST-ZIP  | VALRICO FL  |   | 1.4 CF  |                          |                             |   |                     |                       |  |
| ITLE  | STD   | ☐ DELETE  | 2. 1 TITLE                                      |                          |                             |   |                     | Change                | ☐ Addition                             |
| IAME  | JOHNSON, LINDA 1.   |   | 2.2 NA  | 2.2 NAME                 |                             |   |                     |                       |  |
| THEFT ADDRESS   | 2512 WHISPER LANE   |   | 2.3 S1  | REET                     | address                     |   |                     |                       |  |
| ITY - ST - ZIP  | VALRICO FL STD (12 OELETE   |   | 2.4 CI  |                          | - ZIP                       |   |                     |                       |  |
| AME   | DYKES, PATRICIA L.  | TAN DECEME  | 3 1 TI<br>32 NA                                 |                          |                             |   | []] (               | Change                | Addition                               |
| TREET ADDRESS   | 103 WATKINS WAY   |   |   |                          | ADDRESS                     |   |                     |                       |  |
| ITY-ST-ZIP  | BRANDON FL  |   | 3.4 00  |                          |                             |   |                     |                       |  |
| TLF   |   | ☐ DELETE  | 4. 1 Ti   | LE                       |                             |   |                     | hange                 | Addition                               |
| AME   |   |   | 4.2 NA  | ME                       |                             |   |                     |                       |  |
| TREET ADDRESS   |   |   | 4.3 STI   | REET                     | NDDRESS                     |   |                     |                       |  |
| TLE   |   | DELETE  | 4.4 CIT   |                          | - ZIP                       |   |                     |                       | <u></u> -                              |
| AME   |   | ☐ nereit  | 5 1 TI  |                          |                             |   | □ 0                 | hange                 | ☐ Addition                             |
| IREET ADDRESS   |   |   | 5.2 NA<br>5.3 ST                                |                          | DDRESS                      |   |                     |                       |  |
| TY-ST-ZIP   |   |   |   |                          | ľ                           |   |                     |                       |  |
| TLE   | f=1 p.c. c.c.   |   | 6. 1 Til  | I CITY-ST-ZIP<br>1 TITLE |                             |   | 0                   | hange                 | Addition                               |
| AME   |   |   | 62 NA   | ME                       | ļ                           |   |                     | J                     |  |
| TREET ADDRESS   |   |   | 63STF   | RET A                    | DDRESS                      |   |                     |                       |  |
| TY-ST-ZIP   | portify that the information are at all   | with this files is 1 1 2 5  | 6 4 CIT   | Y-\$1                    | ZIP                         |   |                     |                       |  |
| oath; that I  |   | oration or the receiver or truste   | uai report is<br>e empowere                     |                          |                             | or the exemption stated in Section 119.0<br>te and that my signature shall have the s<br>s report as required by Chapter 607, Flo |                     |                       |  |

SIGNATURE:

MAKK D JOHNSON MAKK D JOHNSON SIGNATURE AND PIPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-24-99 813-685-4521