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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 413355 (9) T. Corporation Name DYKES-JOHNSON ARCHITECTS, INC.					
Principal Place of Business 2006 WEST BRANDON BOULEVARD BRANDON FL 33511		Mailing Address 2006 WEST BRANDON BOULEVARD BRANDON FL 33511-4702		T TORON EXECUT WERE INDE WIND ENDS EXTENDED IN STRUCTURE OF STRUCTURE STRUCT	
				3. Date Incorporated or Qualified 11/21/1972	3a. Date of Last Report 04/30/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		59-1481921	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p 24	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curr		00	Florida Statutes 10. Name and Address of New Reg	
JOH	INSON, MARK D.		81 Name		
2006 W. BRANDON BLVD.			82 Street Addr	ess (P.O. Box Number is Not Acceptable	i)
BRA	NDON FL 33511		63	······································	·
			84 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Zin Code
					FL 85 Zip Code
11. Pursuant to office or reagent. Far	io the provisions of Sections 607.0 agistered agent, or both, in the Sta in familiar with, and accept the obl	502 and 607.1508, Florida Statutes te of Florida. Such change was au igations of, Section 607.0505, Flor	s, the above-named corp thorized by the corporati ida Statutes.	oration submits this statement for the pu ion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered Agent signature requir		DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
TITLE NAME	JOHNSON, MARK D.		1.2 NAME		C. Cuange C. Adoutou
STREET ADDRESS	2512 WHISPER LAN		1,3 STREET ADDRESS		
CITY - ST - ZIP	VALRICO FL	PELETE	1.4 CITY-ST-ZIP		
TITLE NAME	STD JOHNSON, LINDA I.	DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	2512 WHISPER LANE		2.3 STREET ADDRESS		
City-St-ZiP	VALRICO FL		2.4 CITY-ST-ZIP		
TRLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZiP			3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAME			5.2 NAME		· -
STREET ADDRESS			5.3 STREET ADDRESS	:	
CITY- ST- 2IP		T serve	5.4 CITY-ST-ZIP	<u> </u>	T About T About
THILE		[] DELETE	6.1 TITLE		Change Addition
NAME CYDECT ADDRESS			6.2 NAME 6.3 STREET ADDRESS	•	•
STREET ADDRESS (6.4 CITY-ST-ZIP		
14. I do hereb	by certify that the information supp	lied with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
l am an o	flicer or director of the corporation	or supplemental annual report is truiter the receiver or trustee empower, or on an attachment with an addr	red to execute this report	t my signature shall have the same legal rt as required by Chapter 607, Florida Sti	enuci as it made under oath; that atules; and that my name

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Di Johnson April 25, 1997

813-685-

FILED

May 02 1997 8:00am

Secretary of State

time Phone #

0345380