

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **430372** (3)

1. Corporation Name
BULLOCK TICE ASSOCIATES ARCHITECTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3: 23

Principal Place of Business Mailing Address
909 EAST CERVANTES, SUITE B **909 EAST CERVANTES, SUITE B**
909 EAST CERVANTES, SUITE B **909 EAST CERVANTES, SUITE B**
PENSACOLA FL 32501 **PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1973** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1467913** 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

9. Name and Address of Current Registered Agent

BULLOCK, ELLIS W., JR.
909 EAST CERVANTES, SUITE B
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name **John P. Tice, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **909 East Cervantes, Suite B**
83
84 City **Pensacola, FL** 85 Zip Code **32501**

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *John P. Tice, Jr.* **John P. Tice, Jr.** DATE

Signature of officer or director of the corporation (see Block 12 or Block 13)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

P
TITLE
NAME **BULLOCK JR., ELLIS W.**
STREET ADDRESS **909 EAST CERVANTES**
CITY-ST-ZIP **PENSACOLA FL**

VP
TITLE
NAME **TICE, JOHN P. JR.**
STREET ADDRESS **909 EAST CERVANTES**
CITY-ST-ZIP **PENSACOLA FL**

Y
TITLE
NAME **WALLACE, JEAN V.**
STREET ADDRESS **909 EAST CERVANTES**
CITY-ST-ZIP **PENSACOLA FL**

S
TITLE
NAME **MOLLOY, JON R.**
STREET ADDRESS **909 EAST CERVANTES**
CITY-ST-ZIP **PENSACOLA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** Change Addition
1.2 NAME **Tice, Jr., John P.**
1.3 STREET ADDRESS **909 East Cervantes, Suite B**
1.4 CITY-ST-ZIP **Pensacola, FL 32501**

2.1 TITLE **1st Vice President** Change Addition
2.2 NAME **Richardson, Michael C.**
2.3 STREET ADDRESS **909 East Cervantes, Suite B**
2.4 CITY-ST-ZIP **Pensacola, FL 32501**

3.1 TITLE **Vice President** Change Addition
3.2 NAME **Ashley, Douglas S.**
3.3 STREET ADDRESS **909 East Cervantes, Suite B**
3.4 CITY-ST-ZIP **Pensacola, FL 32501**

4.1 TITLE **Vice President** Change Addition
4.2 NAME **Molloy, Jon R.**
4.3 STREET ADDRESS **909 East Cervantes, Suite B**
4.4 CITY-ST-ZIP **Pensacola, FL 32501**

5.1 TITLE **Secretary/Treasurer** Change Addition
5.2 NAME **Wallace, Jean V.**
5.3 STREET ADDRESS **909 East Cervantes, Suite B**
5.4 CITY-ST-ZIP **Pensacola, FL 32501**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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: *Jean V. Wallace* **Jean V. Wallace** DATE **2/1/95**

(904) 434-5444