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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430372

1. Corporation Name

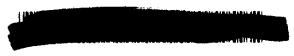
BILL OCK TICE ASSOCIATES APPRIES

(3)

BULLOCK TICE ASSOCIATES ARCHITECTS, INC.

3.55-08

FILED May 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											
909 EAST CER	809 FAST CERVANTES	CERVANTES. SUITE B									
	RVANTES. SUITE B		909 EAST CERVANTES. SUITE B								
PENSACOLA F	FL 32501	PENSACOLA FL 32501	PENSACOLA FL 32501				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified			·	
							07/1 <u>0/1</u> 973				
2. Principal P	ace of Business	2a. Mailing Address					4. FEI Number			Applied For	
21		26	<u> </u>							lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	Y		Additional	
22		27						/		Required	
City & State	9	City & State	-				6. Election Campaign Financing			May Be	
23	28			Country			Trust Fund Contribution	_니		to Fees	
Ζιρ	Country	Zip					8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes \text{No}				
24	[25]	29	[30]				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
710	9. Name and Address of Curre	ent Hegistered Agent		81	LNs	ame	10. Name and Address of New Ad	ylatelen M	Reur		
	E, JOHN P. JR.]"	'*	arric					
909-EAST CERVANTES SUITE B					82 Street Address (P.O. Box Number is Not Acceptable)						
							 				
PEN	ISACOLA FL 32501			83							
	•			84	Cit	ty			85 Zip	Code	
				Ш				<u> </u>			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stati	utes, the a	bove d bu	e-nar	med corpor	ation submits this statement for the	purpose of a	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, typed or printed hance of registered a			d Age	ant sign	nature required	when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI		_		
TITLE	P L DE		1.1 Ti	TLE				ı	Change	☐ Addition	
NAME	TICE, JR. J		1.2 NAME								
STREET ADDRESS	909 E CERVANTES STE B		1.3 STREET A			RESS					
CITY-ST-ZIP	PE NSACOLA FL		1.4 CITY - ST - ZIP								
TITLE	FVP	☐ D e lete	2.1 TITLE					L	Change	∟ Addilion	
NAME	RICHARDSON, MICHAEL C		2.2 NAME								
Street address	909 E CERVANTES STE B		2.3 STREET ADDE		ADDR	RESS					
CITY-ST-ZIP	PE NSACOLA FL		2. 4 CITY-ST-ZIP		·						
TITLE	The state of the s			3.1 TITLE				[Change	Addition	
NAME	ASHLEY, DOUGLAS S.		3.2 N	3.2 NAME							
STREET ADDRESS	909 E CERVANTES STE B		3.3 S	TREET	I ADDR	RESS					
CITY-ST-ZIP	PE NSACOLA FL		3.4. 0	CITY-S	ST- ZIP	<u>, </u>					
TITLE	•		4.1 TITLE					Change	☐ Addition		
NAME	MOLLY, JON R		4.21	IAME							
STREET ADDRESS	909 E CERVANTES STE B		4.3 S	TREET	r addr	ess				-	
CITY-ST-ZIP	PE NSACOLA FL		4.4 0	1TY - \$	ST-ZIP			- 1		/	
TITLE	ST □ DELETE 5.1 T			/ I Change			Addition				
NAME			NAME				/ L	Y	⊋ <i>I</i> ∩		
STREET ADDRESS	909 E CERVANTES STE B		5.3 \$	5.3 STREET ADDRESS		RESS		- H	70		
CITY-ST-ZIP	PENSACOLA FL	ICACOLA EL		CITY-ST-ZIP							
TITLE		DELETE	6.1 TI						Change	Addition	
NAME			6.2 N	AME		1	40000253	1768	4		
STREET ADDRESS					i addri	ess	-05/27/98011	08013	3		
CITY-ST-ZIP					ST-ZIP	ł	***158.75				
	ertify that the information supplied	with this filing does not qualify					ection 119.07(3)(i). Florida Statutes.	further cert	ity that th	e information	

6. I hereby 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 or an attachment with an address.

CICALATURE.