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 # 488649

(5)

JRA ARCHITECTS, INC.

Principal I	Place	οſ	Business
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Mailing Address

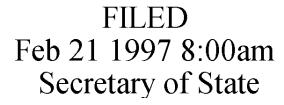
2551 RIAIRSTONE PINES DR

Information increases I am an officer or direction in Block 12

appears in Block

SIGNATURE

2551 RIAIRSTONE PINES DR





TALLAHASSEE	FL 32301	TALLAHASSEE FL 32301					
				3. Date incorporated or Qualified 10/29/1975	3a. Date of Last Report 04/15/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-1642004	Not Applicable		
Suite, Apt.	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zφ	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,		
24	25	29	30		Yes No		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent		
	BERSON, JIM H		81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32308							
			83		•		
			84 City		85 Zip Code		
			1 1				
11. Pursuant t office or ri agent. Lai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	l2 and 607.1508, Florida Statul of Florida Such change was ations of, Section 607.0505, Fl	tes, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the pation's board of directors. It hereby accep	urpose of changing its registered t the appointment as registered		
SIGNATURE	Signature typed or probed name of registered age		E: Registered Agent signature requ		DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	V	☐ DELETE	1.1 TITLE		Change Addition		
NAME	CRESAP, BOBBY		1.2 NAME				
STREET ADDRESS	2551 BLAIRSTONE PINES		1.3 STREET ADDRESS				
CITY- ST-ZIF	TALLAHASSEE FL		1.4 CITY - ST - ZIP				
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition		
NAME	ROBERSON, JIM H		2.2 NAME				
STREET ADDRESS	2551 BLAIRSTONE PINES		2.3 STREET ADDRESS				
CITY+ST-ZIF	TALLAHASSEE, FL 32308		2. 4 CITY - ST - ZIP				
TITLE	\$	☐ DELETE	3.1 TITLE		Change Addition		
NAME	CRESAP, BOBBY		3.2 NAME				
STREET ADDRESS	2551 BLAIRSTONE PINES		3.3 STREET ADDRESS				
CITY- ST-ZIP	TALLAHASSEE FL		3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIF			4.4 CITY - ST - ZIP	<u> </u>			
Tare		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-S1-ZIP			5.4 CITY - ST - ZIP				
1:TLE		DELETE	6.1 TITLE	3	Change Addition		
NAME			6.2 NAME	:	•		
STREET ADORESS			6.3 STREET ADDRESS				
CITY-\$T-70P	_		6.4 City-St-ZiP				
14. I do hereb	by certify that the information supplied	d with this filing does not qual-	fy for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	I further certify that the		
informatio Lam an of	on indicated on this annual report or s fliger or dire pter of the corners on or	supplemental annual report is the receiver or trustee empoy	true and accurate and that vered to execute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida S	effect as it made under oath; that latutes; and that my name		