## 3-16-98 B-3326 ·C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 488649 (5) JRA ARCHITECTS, INC. Principal Place of Business Mailing Address 2551 BLAIRSTONE PINES DR 2551 BLAIRSTONE PINES DR TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2551 Blairstone PinesDr26 2551 Blairstone Pines 59-1642004 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Tallahassee, FL Country Tallahassee, 23 Fl. Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 32301 USA 9, Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name ROBERSON, JIM H 2119 ORLEANS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 84 City 85 Zip Code 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, 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 name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DAT CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELE 1E 1 1 TITLE Change Addition CRESAP, BOBBY NAME 1.2 NAME **2551 BLAIRSTONE PINES** STREET ADORESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ROBERSON, JIM H 2.2 NAME NAME **2551 BLAIRSTONE PINES** 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE CRESAP, BOBBY NAME 3.2 NAME 2551 BLAIRSTONE PINES STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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 of suppliemental 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 occupance of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the occupance of the corporation or the occupance of the corporation of the officer or director of the corporat Block 12 or Block 13 if changed, attachment with an address SIGNATURE: 3-10-98 Jim Roberson Bros

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

879 7001

Change

Addition