ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562534 (8)

1. Corporation Name
ATLANTIC ARCHITECT'S GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 242 5TH AVENUE/POB 3228<br>INDIALANTIC FL 32903 | 242 5TH AVENUE/POB 3228<br>INDIALANTIC FL 32903 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
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2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
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4. FEI Number: 59-1911669 ☐ 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

COCHRAN, ROBERT L., JR.
TWELFTH & AIA
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | COCHRAN, ROBERT L | 12 NAME | |
| STREET ADDRESS | 207 RIVERSIDE DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE, FL 00000 | 14 CITY-ST-ZIP | |
| TITLE | ST | 21 TITLE | PST ☒ Change ☐ Addition |
| NAME | COCHRAN, EVA MAE | 22 NAME | COCHRAN, EVA MAE |
| STREET ADDRESS | 207 RIVERSIDE DR | 23 STREET ADDRESS | 207 Riverside Drive |
| CITY-ST-ZIP | MELBOURNE, FL 00000 | 24 CITY-ST-ZIP | Melbourne Beach, Fl. 32951 |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MYERS, TERENCE, L | 32 NAME | |
| STREET ADDRESS | 504 INWOOD LANE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN HARBOUR BCH FL | 34 CITY-ST-ZIP | |
| TITLE | P | 41 TITLE | V ☒ Change ☐ Addition |
| NAME | COCHRAN, ROBERT L, JR. | 42 NAME | COCHRAN, ROBERT L. JR. |
| STREET ADDRESS | TWELFTH & AIA | 43 STREET ADDRESS | 102 Twelfth Ave. & AIA |
| CITY-ST-ZIP | INDIALANTIC FL | 44 CITY-ST-ZIP | Indialantic, Fl. 32903 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 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 on an attachment with an address.

SIGNATURE: Eva Mae Cochran 4-25-95 407 723-0406
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
EVA MAE COCHRAN

CR