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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562534

1. Corporation Name

ATLANTIC ARCHITECT'S GROUP, INC.

Principal Place of Business

**242 5TH AVENUE/POB 3228
INDIALANTIC FL 32903**

Mailing Address

**242 5TH AVENUE/POB 3228
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1978

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**COCHRAN, ROBERT L., JR.
230 MELBOURNE AVE.
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

106 7th Ave.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **COCHRAN, ROBERT L**
STREET ADDRESS **207 RIVERSIDE DR**
CITY-STATE-ZIP **MELBOURNE, FL 00000**

TITLE **PST** ☐ DELETE
NAME **COCHRAN, EVA MAE**
STREET ADDRESS **207 RIVERSIDE DR**
CITY-STATE-ZIP **MELBOURNE BEACH FL**

TITLE **V** ☐ DELETE
NAME **MYERS, TERENCE, L**
STREET ADDRESS **504 INWOOD LANE**
CITY-STATE-ZIP **INDIAN HARBOUR BCH FL**

TITLE **V** ☐ DELETE
NAME **COCHRAN, ROBERT L., JR.**
STREET ADDRESS **230 MELBOURNE AVE.**
CITY-STATE-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP **Melbourne Beach, Fl.**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **106 7th Ave.**
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

407 723-0406

Date

Daytime Phone #

CR2E034 (1/98)