**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

# PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:50

DOCUMENT # 571982 (8)

1. Corporation Name

ROBBINS, BELL & KREHER, ARCHITECTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2112 N. 15TH STREET<br>SUITE 300<br>TAMPA FL 33605 | 2112 N. 15TH STREET<br>SUITE 300<br>TAMPA FL 33605 |

DO NOT WRITE IN THIS SPACE.

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 06/01/1978
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1819115 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ROBBINS, R. JAMES<br>401 S FLORIDA AVE SUITE 300<br>TAMPA FL 33602 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 2112 N. 15th Street, Suite 300<br>83 [illegible]<br>84 City: Tampa FL 85 Zip Code: 33605 |

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 6/6/95
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 | VSD | 11 TITLE | VSD | ☒ Change ☐ Addition |
| NAME | KUEHLEM, ERIC J | 12 NAME | [illegible] Kreher, Eric L. | |
| STREET ADDRESS | 401 S.FLORIDA AVE.#300 | 13 STREET ADDRESS | 2112 N. 15th St., Suite 300 | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 14 CITY-ST-ZIP | Tampa, FL 33605 | |
| TITLE | PD | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | ROBBINS, R JAMES | 22 NAME | | |
| STREET ADDRESS | 401 S.FLORIDA AVE.#300 | 23 STREET ADDRESS | 2112 N. 15th St., Suite 300 | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 24 CITY-ST-ZIP | Tampa, FL 33605 | |
| TITLE | VD | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | BELL, CHRISTOPHER J | 32 NAME | | |
| STREET ADDRESS | 401 S.FLORIDA AVE.#300 | 33 STREET ADDRESS | 2112 N. 15th St, Suite 300 | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 34 CITY-ST-ZIP | Tampa, FL 33605 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| 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 | | |

CR2E034 (3/95)

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:** [signature] 6/6/95 813/247-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0000842 CP