

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 639535 1. Corporation Name

BRANDON ARCHITECTURE, INC.

Principal Place of Business Mailing Address
2105 OAK HILL DR 2105 OAK HILL 0

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90001 035 ***150.00



2105 OAK HILL VALRICO FL 33 US		2105 OAK HILL DRIVE VALRICO FL 33594 US			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 10/15/1979	S SPACE	-	
Principal Place of Business 2a. Mailing Address					4. FEI Number .	— i −	pplied For	
21 26					59-1949096		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired		Additional equired	
City & State City & State 28			-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		□No		
25 29 30					10. Name and Address of New Registered	Agent		
9. Name and Address of Current Registered Agent								
WEBSTER, WILLIAM R.				82 Street Address (P.O. Box Number is Not Acceptable)				
2105 OAKHILL DRIVE				Silect	nudress (1 .O. box Humber is Not Acceptable)			
VALRICO FL 33594			83					
	•	,	84	City	F	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		AIOTE, Po	oistored Ager	t eignature o	equired when reinstating) DATE			
					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
12.	PD DELETÉ 1.1				£.	Change		
NAME	WEBSTER, WILLIAM R.		1.2 NAME		Minnette R. Webster		·	
	2105 OAKHILL DR.			ADDRESS	2105 Oakhill Dr.		1	
144 BOO 5			1.4 CITY-S		Valrico, FL		ł	
CITY-ST-ZIP			2.1 TITLE	1-£IF		Change	☐ Addition	
			2.2 NAME		•			
NAME			2.3 STREET	ANNDESS			į	
STREET ADDRESS			2.4 CITY-S	l l			ļ	
			3.1 TITLE	1.774		☐ Change	☐ Addition	
NAME			3.2 NAME		,	_ ,		
STREET ADDRESS			3.3 STREET	ADDRESS				
			3.4. CITY-S					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1 2.11		Change	Addition	
NAME	,	_	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	-		Change	☐ Addition	
NAME	,		5.2 NAME				1	
STREET AODRESS	}		5.3 STREE	ADDRESS	•		1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME					'		i	
			6.2 NAME		· ·		1	
STREET ADDRESS				ADORESS				

4. 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 DIRECT

Estan U. D. Mabster 4/14/99 (813) 651-3525

R2E034 (11/98)