FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

KIMBROUGH ASSOCIATES, ARCHITECTS, P.A.

Principal Place of Business	 Mailing Address	
6550 CENTRAL AVE. ST. PETERSBURG FL 33707	6550 CENTRAL AVE. ST. PETERSBURG FL 33707	

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2006143 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIMBROUGH, RICHARD A. 6550 CENTRAL AVENUE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition TITLE DELETE 1.1 TITLE Change KIMBROUGH, RICHARD A. NAME 1.2 NAME 6550 CENTRAL AVE. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TIRE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an applicate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the Information supplied with this filing does indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with an

5.4 CITY - 5T - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

SIĞNAT

DELETE

Change

CR2E034