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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759161** (3)

1. Corporation Name

AIA TAMPA BAY, INC./A CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS



Principal Place of Business	Mailing Address
5405 CYPRESS CENTER DRIVE SUITE 110 TAMPA FL 33609-1024	5405 CYPRESS CENTER DRIVE SUITE 110 TAMPA FL 33609-1024

3. Date Incorporated or Qualified 07/13/1981	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FEI Number 59-2149693	Applied For Not Applicable
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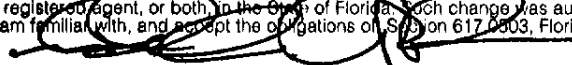
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
MEYER, GEOFFREY WM. 442 W. KENNEDY BLVD #320 TAMPA FL 33606	

10. Name and Address of New Registered Agent	
81 Name	MICHAEL G. AU BUCHON
82 Street Address (P.O. Box Number is Not Acceptable)	515 BAY ST #200
83	TAMPA FL 33606-2796
84 City	FL
85 Zip Code	

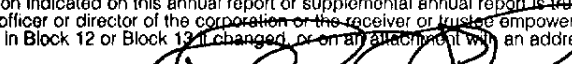
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **4.10.97**

12. OFFICERS AND DIRECTORS	
TITLE	D ☒ DELETE
NAME	YOUNG, KRISTINE
STREET ADDRESS	3063 HOMESTEAD CT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	Y ☐ DELETE
NAME	CARLSON, BOB J.
STREET ADDRESS	1509 W SWANN #240
CITY-ST-ZIP	TAMPA FL
TITLE	VP ☐ DELETE
NAME	AU BUCHON, MICHAEL G.
STREET ADDRESS	511 BAY STREET SUITE 400
CITY-ST-ZIP	TAMPA FL
TITLE	P ☐ DELETE
NAME	MEYER, GEOFFRY
STREET ADDRESS	808 S. EDISON AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	D ☒ DELETE
NAME	HEPNER, PETER M
STREET ADDRESS	100 W. KENNEDY BLVD, #300
CITY-ST-ZIP	TAMPA FL
TITLE	S ☒ DELETE
NAME	LANGER, LINDA
STREET ADDRESS	17003 ASPEN MEADOWS DR.
CITY-ST-ZIP	LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	MICHAEL L. RUSSELL
1.3 STREET ADDRESS	501 FIRST AV N #101
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	515 BAY ST #200
3.4 CITY-ST-ZIP	TAMPA FL 33606-2796
4.1 TITLE	D ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP ☒ Change ☐ Addition
5.2 NAME	MICHAEL P. JACOB
5.3 STREET ADDRESS	201 E KENNEDY BLVD. #201
5.4 CITY-ST-ZIP	TAMPA, FL 33602
6.1 TITLE	S ☒ Change ☐ Addition
6.2 NAME	TERRY W. COPE
6.3 STREET ADDRESS	100 MADISON ST #200
6.4 CITY-ST-ZIP	TAMPA FL 33602

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 

CR2E037 (9/96)