FILE NOW: FILING FEE IS $61.25

FILED
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

DOCUMENT # 759161 (3)

1. Corporation Name

AIA TAMPA BAY, INC./A CHAPTER OF THE AMERICAN IN STITUTE 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

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

4. FEI Number: 59-2149693 ☐ 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

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
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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	YOUNG, KRISTINE		1.2 NAME		
STREET ADDRESS	3063 HOMESTEAD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	MICHAEL L. RUSSELL 501 FIRST AV N #101 ST. PETERSBURG, FL 33710	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, BOB J.		2.2 NAME		
STREET ADDRESS	1509 W SWANN #240		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	AU BUCHON, MICHAEL G.		3.2 NAME		
STREET ADDRESS	511 BAY STREET SUITE 400		3.3 STREET ADDRESS	515 BAY ST #200	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA FL 33606-2796	
TITLE	P	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MEYER, GEOFFRY		4.2 NAME		
STREET ADDRESS	808 S. EDISON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	HEPNER, PETER M		5.2 NAME	MICHAEL P. JACOB	
STREET ADDRESS	100 W. KENNEDY BLVD, #300		5.3 STREET ADDRESS	201 E KENNEDY BLVD. #201	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	LANGER, LINDA		6.2 NAME	TERRY W. COPE	
STREET ADDRESS	17003 ASPEN MEADOWS DR.		6.3 STREET ADDRESS	100 MADISON ST #200	
CITY-ST-ZIP	LUTZ FL		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)