

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 831467 (6)

1. Corporation Name

NICHOLS CARTER GRANT ARCHITECTS INC.



Principal Place of Business

Mailing Address

ONE BALTIMORE PLACE
STE. #401
ATLANTA GA 30309

ONE BALTIMORE PLACE
STE. #401
ATLANTA GA 30309

3. Date Incorporated or Qualified

12/17/1973

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-1146788

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 on previous page and then initialed)

(NOTE: Registered Agent Signature required when first standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V
NAME NICHOLS, WILLIAM C
STREET ADDRESS 1 BALTIMORE PLACE, #1
CITY-STATE-ZIP ATLANTA GA

TITLE ☐ DELETE

P
NAME GRANT, CHARLES D
STREET ADDRESS 697 SHERWOOD RD
CITY-STATE-ZIP ATLANTA GA

TITLE ☐ DELETE

T
NAME CARTER, ALEXANDER L
STREET ADDRESS 1384 COUNTRY SQUIRE DR
CITY-STATE-ZIP DECATUR GA

TITLE ☐ DELETE

S
NAME MONK, W. PHILIP
STREET ADDRESS 3065 HILLSIDE TRAIL
CITY-STATE-ZIP MARIETTA GA

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. PHILIP MONK

1/24/96 404 892-4510

Doc. Daytime Phone #

CR2E034 (12/95)