FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JAN 27 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844431 (7)

1. Corporation Name
HEERY ARCHITECTS & ENGINEERS, INC.

Principal Place of Business	Mailing Address
999 PEACHTREE ST.,N.E. ATLANTA GA 30367-5401	999 PEACHTREE ST.,N.E. ATLANTA GA 30367-5401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1979
3a. Date of Last Report: 02/01/1994

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: ~~87-1073274~~ 58-1369765 ☐ 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

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

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
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	P	11 TITLE	☐ Change ☐ Addition	
NAME	HARRIS, JOSEPH M.	12 NAME	Delete	
STREET ADDRESS	4544 PEACHTREE DUNWOODY	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	☐ Change ☒ Addition	
NAME	BRALEY, SCOTT W	22 NAME	V	
STREET ADDRESS	3502 CREEKVIEW	23 STREET ADDRESS	Gregory H. Peirce	
CITY-ST-ZIP	ATLANTA GA 30319	24 CITY-ST-ZIP	4311 Raintree Lane Atlanta, GA 30327	
TITLE	V	31 TITLE	☐ Change ☒ Addition	
NAME	MOUNT, SHARON K	32 NAME	V	
STREET ADDRESS	74 PARK CIRCLE	33 STREET ADDRESS	Robert M. Guinn	
CITY-ST-ZIP	ATLANTA GA 30305	34 CITY-ST-ZIP	109 Lakeview Ave. Atlanta, GA 30305	
TITLE	T	41 TITLE	☐ Change ☐ Addition	
NAME	HILL, JOHN P. JR	42 NAME		
STREET ADDRESS	1013 LENOX VALLEY	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	☒ Change ☐ Addition	
NAME	MOYNIHAN, JAMES J.	52 NAME	D + Pres.	
STREET ADDRESS	30 CAMDEN ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309	54 CITY-ST-ZIP		
TITLE	S	61 TITLE	☐ Change ☐ Addition	
NAME	NIKONOVICH-KAHN, R	62 NAME	JSP 1/31	
STREET ADDRESS	1922 COLLAND DR	63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30318	64 CITY-ST-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)(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.

SIGNATURE: R Heikmann 1-18-95 404/881-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398806 FP