FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F12086** **(7)**

1. Corporation Name
ALFORD ASSOCIATES ARCHITECTS, INC.

Principal Place of Business
2245 ST. JOHNS AVENUE
C/O DONALD ALFORD
JACKSONVILLE FL 32204

Mailing Address
2245 ST. JOHNS AVENUE
C/O DONALD ALFORD
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 12/18/1980
3a. Date of Last Report: 06/26/1995

4. FEI Number: 59-2074683 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALFORD, DONALD
2245 ST. JOHNS AVENUE
JACKSONVILLE FL 32204

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
	PST			☐ DELETE
	ALFORD, J. DON	2245 ST. JOHNS AVE.	JACKSONVILLE, FL. 3	
	S			☐ DELETE
	ALFORD, JOYCE W.	2245 ST. JOHNS AVENUE	JACKSONVILLE FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
1	1	1	1	☐ Change ☐ Addition
2	2	2	2	☐ Change ☐ Addition
3	3	3	3	☐ Change ☐ Addition
4	4	4	4	☐ Change ☐ Addition
5	5	5	5	☐ Change ☐ Addition
6	6	6	6	☐ Change ☐ Addition

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 in accordance with Section 607.0505, Florida Statutes.

SIGNATURE: J Alon Alford — 4/8/96 — 904-384-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)