

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F22401** (6)

1. Corporation Name  
**ROYLE AND MASTERS + JENNEWAIN ARCHITECTS, P.A.**



Principal Place of Business: **3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609**  
Mailing Address: **3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/09/1981**  
3a. Date of Last Report: **04/04/1995**  
4. FET Number: **59-2085993**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**TAYLOR, J SCOTT  
120 W HYDE PARK PLACE, STE 110  
TAMPA FL 33606**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROYLE, JAMES DOUGLAS	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JENNEWAIN, JAMES J	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	MASTERS, DANIEL WAYNE	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(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 recorder 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 to this address.

SIGNATURE:

*[Handwritten Signature]*  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES J. RUYLE**

(813) 879-6633

CR2E034 (12/95)