

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Feb 04 1997 8:00am  
Secretary of State

**DOCUMENT # F22401 (6)**  
**1. Corporation Name**  
**BUYLE AND MASTERS + JENNEWEIN ARCHITECTS, P.A.**



Principal Place of Business	Mailing Address
3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609	3333 W KENNEDY BLVD. STE 203 TAMPA FL 33608-2852

<b>3. Date Incorporated or Qualified</b> <b>03/09/1981</b>	<b>3a. Date of Last Report</b> <b>03/20/1996</b>
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**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

24 25 29

4. FEI Number <b>59-2085993</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinsulating)

DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUYLE, 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	

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST. - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: James Ruyle, President 1/27/97 (813) 879-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)