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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002802 (4)**

1. Corporation Name

DESIGN AND CONSTRUCTION PROFESSIONALS, INC.

Principal Place of Business

**442 COTTON AVE.
MACON GA 31201-2720**

Mailing Address

**442 COTTON AVE.
MACON GA 31201-2720**

3. Date Incorporated or Qualified
06/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 515 Bartlett Street

26 515 Bartlett Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Macon, GA

28 Macon, GA

Zip

Country

Zip

Country

24 31204

25 USA

29 31204

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE

NAME **BOUZA, RALPH J**
STREET ADDRESS **442 COTTON AVE.**
CITY-ST-ZIP **MACON GA 31201-2720**

TITLE **VST** ☐ DELETE

NAME **HARRISON, JOHN D SR**
STREET ADDRESS **438 COTTON AVE.**
CITY-ST-ZIP **MACON GA 31201**

TITLE **DC** ☐ DELETE

NAME **HARRISON, JOHN D SR**
STREET ADDRESS **438 COTTON AVE.**
CITY-ST-ZIP **MACON GA 31201**

TITLE **D-1** ☒ DELETE

NAME **PATEL, NAYAN S**
STREET ADDRESS **442 COTTON AVE.**
CITY-ST-ZIP **MACON GA 31201-2720**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **515A Bartlett Street**
1.4 CITY-ST-ZIP **Macon, GA 31204**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

(912) 742-5114

Date

Daytime Phone #

CR2E034 (9/96)