

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # F97000002796 (7)

1. Corporation Name

ATKINSON/DYER/WATSON ARCHITECTS, P.A.



Principal Place of Business

Mailing Address

~~5101 MONROE ROAD~~
~~CHARLOTTE NC 28205~~

~~5101 MONROE ROAD~~
~~CHARLOTTE NC 28205~~

1401 W. MOREHEAD ST.
SUITE 100
CHARLOTTE, N.C. 28208

1401 W. MOREHEAD ST. SUITE 100
CHARLOTTE, N.C. 28208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1401 W. MOREHEAD ST.

26 1401 W. MOREHEAD ST.

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

56-1290297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 CHARLOTTE, NC

24 Zip 28208

25 Country USA

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT E
1515 E. SILVER SPRINGS BLVD
OCALA FL 34470

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PTD
DYER, MICHAEL L
STREET ADDRESS 4819-A COLONY RD
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PTD
MICHAEL L. DYER
1.3 STREET ADDRESS 609 BENNINGTON PL.
1.4 CITY-ST-ZIP CHARLOTTE, NC 28211

TITLE ☐ DELETE

NAME VS
ATKINSON, RICHARD E
STREET ADDRESS 13730 CAPRIOLE LANE
CITY-ST-ZIP CHARLOTTE NC

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VS
2.3 STREET ADDRESS ATKINSON, RICHARD E.
2.4 CITY-ST-ZIP 1401 W. MOREHEAD ST. SUITE 100
CHARLOTTE, N.C. 28208

TITLE ☐ DELETE

NAME D
WATSON, JOHN W
STREET ADDRESS 3035 SHAKER DRIVE
CITY-ST-ZIP CHARLOTTE NC

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, and the receiver or holder 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 new appointment with an address.

SIGNATURE:

MICHAEL L. DYER

1/7/98

704/379-1919

CP2E034 (10/97)