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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003084**

1. Corporation Name
DURRANT ARCHITECTS, INC.



Principal Place of Business: 942 CYCARE PLAZA, DUBUQUE IA 52001
 Mailing Address: 942 CYCARE PLAZA, DUBUQUE IA 52001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/01/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	42-1081132	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
MILLER, ROBERT D 600 S. ORLANDO AVE. MATLAND FL 32794				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MILLER, ROBERT D 600 S. ORLANDO AVE. MATLAND FL 32794				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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, BARNEY A	1.2 NAME	
STREET ADDRESS	942 CYCARE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBUQUE IA 52001	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTEL, GARY L	2.2 NAME	
STREET ADDRESS	942 CYCARE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBUQUE IA 52001	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, GORDON E	3.2 NAME	
STREET ADDRESS	942 CYCARE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUBUQUE IA 52001	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, MAX N	4.2 NAME	
STREET ADDRESS	942 CYCARE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBUQUE IA 52001	4.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURT, CHARLES M	5.2 NAME	Kurt, Charles M.
STREET ADDRESS	942 CYCARE PLAZA	5.3 STREET ADDRESS	942 Cycare Plaza
CITY-ST-ZIP	DUBUQUE IA 52001	5.4 CITY-ST-ZIP	Dubuque, IA 52001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VSTD Eipperle, Kevin J.
STREET ADDRESS		6.3 STREET ADDRESS	942 Cycare Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dubuque, IA 52001

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: _____ DATE: 2/24/99 DAYTIME PHONE #: (319) 583-9131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

247359-90050-14
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DURRANT ARCHITECTS, INC.
DOCUMENT # F98000003084

Names and addresses of officers/directors of Durrant Architects, Inc.
(continued)

**VICE PRESIDENT/
DIRECTOR**

Gerald T. Olson, 810 Cardinal Lane, Suite 210,
Hartland, WI 53029

**VICE PRESIDENT/
DIRECTOR**

Paul W. Brummund, 810 Cardinal Lane, Suite 210
Hartland, WI 53029

**VICE PRESIDENT/
DIRECTOR**

Vernon L. Worrell, 810 Cardinal Lane, Suite 210,
Hartland, WI 53029