SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (3)G96902 RONALD P. ANNIS, ARCHITECT AND PLANNER, INC. Mailing Address Principal Place of Business P.O. BOX 16005 P.O. BOX 16005 SARASOTA FL 34239 SARASOTA FL 34239 3a. Date of Last Report 3. Date incorporated or Qualified 04/20/1984 08/25/1995 Applied For **FEI Number** Miling Address P.O. Box Not Applicable 59-2399362 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes X No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name ANNIS, RONALD P. Street Address (P.O. Box Number is Not Acceptable) 82 1934 DATURA STREET SARASOTA FL 34239 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam fany lag with, and agree the obligations of Section 607.0505, Florida Statutes. SIGNATURE that it is spaceful Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 13. 12 Change Add tien DELETE 1 1 THILE TITLE CR2E034 1.2 NAME ANNIS, RONALD P. NAME 1.3 STREET ADDRESS 1934 DATURA STREET STREET ADDRESS 1.4 City - St - ZiP SARASOTA FL CITY - ST - ZIP Change Addition DELETE 2 1 T:TLE THE 2.2 NAME ANNIS, RONALD P. NAME 2.3 STREET ADDRESS 1934 DATURA STREET STREET ADDRESS 2 4 CHY - ST - 7iP SARASOTA FL CITY - ST - ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-S1-ZIP CITY - ST - ZIP Criange Addition DEFELE 4111718 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE € 2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 further certify that the information is disable 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 opporation or the receiver or trustee enipowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 12 or Block 12 or name attachment with an address. 196 941-365-4764

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR