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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90013 041 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H26938

MICHAEL STAUFFER, ARCHITECT, P.A.

Principal Place	of Business	Mailing Address				i ibiliati asub main arma mena men	16(1 616)1 61611		
5542 FIRST COAST HWY FERNANDINA BEACH FL 32034		PO BOX 694 FERNANDINA BEACH FL 32035					D. 65		
US		US		DO NOT WRITE IN THIS SPACE					
•					,	3. Date Incorporated or Qualifed			
					<u> </u>	10/24/1984 4. FEI Number		App	lied For
2. Principal Pla	ace of Business	2a. Mailing Address				59-2463053		- 	Applicable
21		Suite, Apt. #, etc.				"		\$8.75 A	
Suite, Apt. #	#, etc.	⊢				5. Certifcate of Status Desired		Fee Red	uired
22		City & State				6. Election Campaign Financing		\$5.00.	May Be
City & State	;	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the curre	nt year Intar	ngible	Žwο
24	25	29	30			Personal Property Tax.			CNNO
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Ro	egistereu A	gent	
				1	Name				
	JFFER, MICHAEL S. 6TH ST		ļ	82 5	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	NANDINA BEACH FL 32034			83					
ļ				84 (City		FL	85 Zip 0	ode '
	to the provisions of Sections 607.050	2 and SO7 1508 Florida St	atutes the at	юve-п	named corpo	ration submits this statement for the	ourpose of c	hanging its	registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change wa	as authorized	by the	e corporation	n's board of directors. I hereby accep-	t the appoint	lment as re	gisterea
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	itions of, Section 607.0505,	, гюпаа Statt	ites.					1
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable. (1	NOTE: Registered	Agent si	ignature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	E 1.1 TI	-				☐ Change	
NAME		C DE1111		LE					
	'	C) Determ	1.2 N						
	STAUFFER, MICHAEL	C Decen	1.2 N	ME	DDRESS	* Pv	·		
STREET ADDRESS	STAUFFER, MICHAEL	_	1.2 NA 1.3 ST 1.4 CI	ME					
	STAUFFER, MICHAEL 401 S 6TH ST	☐ DELETI	1.2 NA 1.3 ST 1.4 CI	ME REET AL IY-ST-Z				Change	Addition
STREET ADDRESS CITY-ST-ZIP	STAUFFER, MICHAEL 401 S 6TH ST	_	1.2 NA 1.3 ST 1.4 CI E 2.1 TI 2.2 No	ME REET AL TY-ST-Z TLE VME	ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	_	1.2 NA 1.3 ST 1.4 CI E 2.1 TI 2.2 NA 2.3 ST	ME REET AL TY-ST-2 TLE WME REET AL	DDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	☐ DELETI	1.2 NA 1.3 ST 1.4 CI E 2.1 TT 2.2 NA 2.3 ST 2.4 C	ME REET AL TY-ST-Z TLE WE REET AL TTY-ST-	DDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	_	1.2 NV 1.3 ST 1.4 CD E 2.1 TT 2.2 NV 2.3 ST 2.4 CD E 3.1 TT	ME REET AL TY-ST-2 TLE ME REET AL TTY-ST-	DDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	☐ DELETI	1.2 NV 1.3 ST 1.4 CI E 2.1 TT 2.2 NV 2.3 ST 2.4 C E 3.1 TT 3.2 N	ME REET AL IY-ST-Z ILE WE REET AL ITY-ST- ILE	DDRESS ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	☐ DELETI	1.2 NV 1.3 ST 1.4 CI 2.1 Π 2.2 NV 2.3 ST 2.4 C 3.1 Π 3.2 N 3.3 ST	ME REET AL TY-ST-Z TLE WME REET AL TTY-ST- TLE AME	DDRESS ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	1.2 NV 1.3 ST 1.4 CI 2.1 Π 2.2 NV 2.3 ST 2.4 C E 3.1 Π 3.2 N 3.3 ST 3.4 C	ME REET AL TY-ST-Z TLE TREET AL TTY-ST- TLE AME TREET AL TTY-ST- TLE TREET AL TTY-ST- TLE	DDRESS ZIP	(☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	☐ DELETI	1.2 NV 1.3 ST 1.4 CI 2.1 Π 2.2 NV 2.3 ST 2.4 C 5.1 Π 3.2 N 3.3 ST 3.4 C 4.1 Π	ME REET AL IY-ST-Z ILE WE REET AL ITY-ST- ILE AME IREET A ITY-ST- ILE	DDRESS ZIP	(☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CG E 21 TT 22 NV 23 ST 24 CG E 31 TT 32 NV 33 ST 34 CC E 41 TT 4 21 NV 42 PC E 41 TT 4 21 NV 42	ME REET AL ITY-ST-Z TLE ME REET AL ITY-ST- TLE MITY-ST- TLE TLE TREET AL ITY-ST- TLE	DDRESS ZIP DDRESSDDRESS	(☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CI TE 22 NV 23 ST 24 CI TE 3.1 TI 3.2 NV 3.3 ST 3.4 CI TE 4.1 TI 4.2 NV 4.3 ST 14 ST 15 TI 15 TI 16	ME REET AL IY-ST-Z ILE ME REET AL ITY-ST- ILE AME REET A ITY-ST- ILE AME REET A ITY-ST- ILE AME REET A ITY-ST- ILE	DDRESS ZIP DDRESS ADDRESS ADDRESS	(☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CI TE 22 NV 23 ST 24 CE 3.1 TT 32 NV 33 ST 34 .C E 4.1 TT 4.2 NV 4.3 SV 44 CV 4.4 CV	ME REET AT ITY-ST-2 ILE MME REET AT ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME	DDRESS ZIP DDRESS ADDRESS ADDRESS	(☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CD 22 NV 23 ST 24 CD 31 TT 32 NV 33 ST 34 CD 41 TT 42 NV 43 ST 44 CD 51 TE 51 TT	ME REET AT ITY-ST-2 ILE MME REET AT ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME ITY-ST- ILE AME	DDRESS ZIP DDRESS ADDRESS ADDRESS	(N	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CD 22 NV 23 ST 24 CD 31 TT 32 NV 33 ST 34 CD 41 TT 42 NV 43 ST 44 CD 51 TE 52 NV	ME REET AL ITY-ST-2 LE REET AL ITY-ST- ILE AME	DDRESS ZIP DDRESS ADDRESS ADDRESS	(**	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CI 15 CI	ME REET AL ITY-ST-2 LE REET AL ITY-ST- ILE AME	DDRESS ZIP DDRESS ADDRESS ZIP ADDRESS ZIP	(☐ Change ☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CG 15 CG 15 CG 16 CG	ME REET AT ILE MME REET AM ITY-ST- ILE AME REET A ITY-ST- ILE AME ITY-ST- ITY-ST- ITY-ST- ITY-ST- ITY-ST- ITY-ST-	DDRESS ZIP DDRESS ADDRESS ZIP ADDRESS ZIP	(☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	STAUFFER, MICHAEL 401 S 6TH ST FERNANDINA BCH FL	DELETI	12 NV 13 ST 14 CG 14 CG 15 CG 16 CG 17 CG 18 CG	ME REET AT ILE MME REET AM ITY-ST- ILE AME REET A ITY-ST- ILE AME ITY-ST- ITY-ST- ITY-ST- ITY-ST- ITY-ST- ITY-ST-	DDRESS ZIP DDRESS ADDRESS ZIP ADDRESS ZIP	(☐ Change ☐ Change ☐ Change	Addition Addition

6.4 CITY-ST-ZIP

SIGNATURE

I hereby certify that the information sindicated on this annual report of sup officer or director of the corpora Block 12 or Block 13 through

CITY-ST-ZIP

applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information planents 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 the register or duster ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in