

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:35

DOCUMENT # **H36956**

(1)

1. Corporation Name

HOLEMAN SUMAN ARCHITECTS, INC.

Principal Place of Business

25 WEST NEW HAVEN AVENUE, STE. F
MELBOURNE FL 32901

Mailing Address

25 WEST NEW HAVEN AVENUE, STE. F
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1985

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2490342

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2101 S. Waverly Place

2a. Mailing Address

26 2101 S. Waverly Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Melbourne, FL

28 Melbourne, FL

Zip

Country

Zip

Country

24 32901

25 U.S.

29 32901

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLEMAN, VAUGHN D.
25 W NEW HAVEN AVE
SUITE F
MELBOURNE FL 32901

81 Name

VAUGHN D. Holeman

82 Street Address (P.O. Box Number is Not Acceptable)

2101 S. Waverly Place

83 Suite 100

84 City

Melbourne

FL

85 Zip Code

32901

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CVP
NAME SUMAN, CRAIG A.
STREET ADDRESS 25 W. NEW HAVEN AVE, SUITE F
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
2101 S. Waverly Place Suite 100
Melbourne, FL 32901

TITLE CP
NAME HOLEMAN, VAUGHN D.
STREET ADDRESS 25 W. NEW HAVEN AVE, STE F
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
2101 S. Waverly Place, Suite 100
Melbourne, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 of an appointment with an address.

SIGNATURE:

VAUGHN D. Holeman

3-17-95

(402) 268-2887

Signature and typed or printed name of signing officer or director

Date

(Typed Name)