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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan: ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (8)**DOCUMENT #** ARCHITECTURAL CONSTRUCTORS, INC. , Mailing Address Principal Place of Business * ATHUR H. BUCHMAN JR. 12118 CHANCELLOR BLVD. % ARTHUR H. BUCHMAN JR. 12118 CHANCELLOR BLVD. PT.CHARLOTTE FL 33953 PT.CHARLOTTE FL 33953 3a. Date of Last Report 3. Date Incorporated or Qualified 02/25/1985 05/01/1995 4. FELNumber 2. Principal Place of Business 2a. Mailing Address Applied For 59-2505367 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Flection Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zin Country Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUCHMAN, ARTHUR H. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 12118 CHANCELLOR BLVD. 83 PT.CHARLOTTE FL 33953 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Honda 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. I am familiar with, and a the obligations of, Section 607.0505, Flor da Ştatutes Quelina urcon SIGNATURE LIATE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1 1 TO LE BUCHMAN, ARTHUR H. JR. CR2E034 1.2 NAME NAME 12118 CHANCELLOR BLVD. 1.3 STREET ADDRESS STREET ADDRESS PT.CHARLOTTE FL 1.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition 2 1 1/11/15 THE BUCHMAN, MARION F. 2.2 NAME NAME 5401 APPOMATTOX DRIVE STREET ADDRESS 2.3 STREET ADDRESS NORTH PORT FL CITY-ST-ZIP 24 C:TY ST ZIP Addition DELETE 3 1 T-TLE Change THEF 3.2 NAME NAME STREET ADDRESS 3.0 STREET ADDRESS CifY ST-ZiP 3.4 CITY - \$1 - 712 DELETE ☐ Change ☐ Addition 4 1 TIBLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CHTY - \$1 - ZIP DELETE Change Addition TITLE 5 1 101i £ 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS 5.4 CHY - \$1 - ZiP CITY - ST - ZIP Change Addition DELETE TITLE 6.1.10115 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64C TY ST ZIP City-St-ZiP 14. Lido hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). 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