

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
1905 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32399

APPROVED
MAY 10 1994
RECORDED & INDEXED
TALLAHASSEE, FLORIDA

DOCUMENT # **H45324** (1)
1. Corporation Name
LEE AND BRIDGES ARCHITECTURAL CONSULTANTS, INC.

Principal Place of Business
**105 NORTH MADISON ST
QUINCY FL 32351**

Agency Address
**105 NORTH MADISON ST
QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1985**

3a. Date of Last Report: **05/11/1994**

4. FEI Number: **59-2506357**

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**

7. This corporation has liability for ad valorem tax under § 199.002, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State, Apt. #, etc.: **22**

State, Apt. #, etc.: **27**

City & State: **23**

City & State: **28**

County: **24**

County: **29**

County: **30**

9. Name and Address of Current Registered Agent

**BRIDGES, WILLIAM MCCLELLAN
105 NORTH MADISON ST
QUINCY FL 32351**

10. Name and Address of New Registered Agent

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 607.0562 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD BRIDGES, WILLIAM M. 105-B N. MADISON ST. QUINCY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	PD LEE, RICHARD GEORGE 105-B N. MADISON ST. QUINCY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 167, Florida Statutes, and that my name appears in Block 12 of this filing. I am attaching with an affidavit.

SIGNATURE: *Richard Lee* **RICHARD G. LEE** *H20/H5* **627-9216**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR