FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # H45324 (1)LEE AND BRIDGES ARCHITECTURAL CONSULTANTS, INC. Principal Place of Business Mailing Address 105 NORTH MADISON ST 105 NORTH MADISON ST **QUINCY FL 32351** OHINCY FL 32351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1985 2a. Mailing Address 4. FEI Numbe 2. Principal Place of Business Applied For 59-2506357 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRIDGES, WILLIAM MCCLELLAN 105 NORTH MADISON ST Street Address (P.O. Box Number is Not Acceptable) 82 QUINCY FL 32351 83 Zip Code 84 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 little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE BRIDGES, WILLIAM M. 1,2 NAME NAME 105-B N. MADISON ST. 1.3 STREET ADDRESS STREET ADDRESS QUINCY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE TITLE LEE, RICHARD GEORGE 2.2 NAME NAME 105-B N. MADISON ST. STREET ADDRESS 2.3 STREET ADDRESS QUINCY FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CMY-ST-ZIP CMY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 an attackment with an address.

*W*aa REQUIRED

SIGNATURE:

1/27/98

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