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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB -7 PM 4:16

DOCUMENT # H63849 (4)

1. Corporation Name
RINK REYNOLDS ARCHITECTS, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JAMES E. RINK, JR. 1200 GULF LIFE DR. S200 JACKSONVILLE FL 32207 US	% JAMES E. RINK, JR. 1200 GULF LIFE DR. S200 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 Riverplace Blvd.	26 1200 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 59-2584959 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RINK, JAMES E., JR. 1200 GULF LIFE DR S200 JACKSONVILLE FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Blvd. 83 Suite 200 84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	RINK, JAMES E., JR.	12 NAME	
STREET ADDRESS	1200 GULF LIFE DR, S200	13 STREET ADDRESS	1200 Riverplace Blvd., Suite 200
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VTD	21 TITLE	☒ Change ☐ Addition
NAME	REYNOLDS, THOMAS W., JR.	22 NAME	
STREET ADDRESS	1200 GULF LIFE DR, S200	23 STREET ADDRESS	1200 Riverplace Blvd., Suite 200
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	GUNNELLS, ROY O.	32 NAME	
STREET ADDRESS	1200 GULF LIFE DR, S200	33 STREET ADDRESS	1200 Riverplace Blvd., Suite 200
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 on an attachment with an addition.

SIGNATURE: Roy O. Gunnells Roy O. Gunnells 02/01/95 904-396-6353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (OFFICER OR DIRECTOR) DATE Daytime Phone #

0016201 CP