FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **H63849** **(4)**

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

Principal Place of Business
1200 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE FL 32207
US

Mailing Address
1200 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 59-2584959 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: X $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: X Yes [ ] No

9. Name and Address of Current Registered Agent
RINK, JAMES E., JR.
1200 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 any) — (NOTE: Registered Agent signature is required on filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RINK, JAMES E., JR.	
STREET ADDRESS	1200 RIVERPLACE BLVD., SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VTD	[ ] DELETE
NAME	REYNOLDS, THOMAS W., JR.	
STREET ADDRESS	1200 RIVERPLACE BLVD., SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	[ ] DELETE
NAME	GUNNELLS, ROY O.	
STREET ADDRESS	1200 RIVERPLACE BLVD., SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(x), 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 4/4/96 904-346-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)