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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H63849

1. Corporation Name

RINK REVNOLDS DIAMOND FISHER ARCHITECTS PA

THRIX TIE	THOUS DIMINING FISHER	TAHOHITEOTO, TAA	_			
Principal Place of Business Mailing Address						(1884 Att Atte Bride Bride third their differ and the anger and enter and e
1200 RIVERPLA	CE BLVD.	1200 RIVERPLACE BLVD.	200 RIVERPLACE BLVD.			
SUITE 200	SUITE 200				DO NOT WRITE IN THE COACE	
JACKSONVILLE FL 32207 JACKSONVILLE FL 3220						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
US US						1 7
- B: :: IB	- CDin	D. Mailing Address				06/25/1985 4, FEI Number Applied For
	Nace of Business	<u> </u>	2a. Mailing Address			59-2584959 Not Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.				39-2364939 Not Applicable
	m, 610.	├ ─¬	27			5. Certificate of Status Desired Fee Required
City & Stat		City & State				6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
 ,	9. Name and Address of Curren	/_/				10. Name and Address of New Registered Agent
				81	Name	•
RINK, JAMES E., JR.				82	Stroot A	t Address (P.O. Box Number is Not Acceptable)
1200	RIVERPLACE BLVD.			02	Sueera	(Address (F.O. Dox Number is Not Acceptable)
SUITE 200				83		
JACI	KSONVILLE FL 32207		000			lock 75 Ords
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statul	es, the a	bove	e-named o	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stati	ites.		,
SIGNATURE						
	Signature, typed or printed name of registered age			Agen	t signature re	required when reinstating) DATE
12.	, 	ND DIRECTORS	13.	7.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	S THOMAS		•	1.1 TITLE		Sharge Endition
NAME	FISHER, THOMAS J			1.2 NAME		
STREET ADDRESS 1200 RIVERPLACE BLVD., SUITE 200		IE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP				1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	P INVESTIGATION	☐ OECETE				Change Addition
NAME	RINK, JAMES E JR			2.2 NAME		
STREET ADDRESS 1200 RIVERPLAGE BLVD SUITE					ADORESS	5)
CITY-ST-ZIP				2.4 CITY-ST-ZIP		Change Addition
TITLE	•		31 Ti		[☐ outside ☐ vatation
NAME				3.2 NAME		
STREET ADDRESS			1	3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TROPSULOR	T) DELETE	4,1 TI		1	Change Addition
NAME	ZOHN Z. DIAMON	D ALVIN SUITES	4.2 N)	
STREET ADDRESS	1301 PIUBRACHE	B BLVD JUNE	4.3 ST		ADDRESS	
CITY-ST-ZIP			4.4 CI		T-ZIP	Change Addition
	1				-	Cl crianite F3 ynguioù
NAME			1	5.2 NAME 5.3 STREET ADDRESS		
STREET ADORESS					1	
CITY-ST-ZIP			_	5.4 CITY- ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		DELÈTE			ì	☐ vitanide ☐ vitation
NAME	·		6.2 N/		ADDRESS	
STREET ADDRESS	}		6.3 S		ADDRESS	
	•		■ 64 CI	1 Y . S	1-7P	1

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 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 address, with all other like empowered.

narch 3, 1929 904-396-6353