FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:00

DOCUMENT # **J55271** **(7)**

1. Corporation Name

GILCHRIST AND CROWE ARCHITECTS, P.A.

Principal Place of Business	Mailing Address
% RICHARD R. CROWE 106 E COLLEGE AVE #640 TALLAHASSEE FL 32301	% RICHARD R. CROWE 106 E COLLEGE AVE #640 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1987
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 RICHARD R. CROWE
Suite, Apt. #, etc.
22 749 WEST PENSACOLA STREET
City & State
23 TALLAHASSEE, FL
Zip 24 32304 Country 25 USA

2a. Mailing Address
26 RICHARD R. CROWE
Suite, Apt. #, etc.
27 749 WEST PENSACOLA STREET
City & State
28 TALLAHASSEE, FL
Zip 29 32304 Country 30 USA

4. FEI Number: 59-2773433 ☐ 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

CROWE, RICHARD R
106 E COLLEGE AVE #640
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature of new registered agent (if applicable) | Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	DPT	☒ Change ☐ Addition
NAME	CROWE, RICHARD R.	12 NAME	RICHARD R. CROWE	
STREET ADDRESS	106 E COLLEGE AVE #640	13 STREET ADDRESS	749 WEST PENSACOLA STREET	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32304	
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	GILCHRIST, DAVID D	22 NAME	DAVID D. GILCHRIST	
STREET ADDRESS	106 E COLLEGE AVE #640	23 STREET ADDRESS	749 WEST PENSACOLA STREET	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE, FL 32304	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
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 above, or on an attachment with an address.

SIGNATURE: Richard R. Crowe 3/11/95 (904) 222-8100
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029648 CP