

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J66143 (5)

1. Corporation Name

BOYER & BOYER ARCHITECTS, INC.

Principal Place of Business

1614 MAYFAIR ROAD
JACKSONVILLE FL 32207

Mailing Address

1614 MAYFAIR ROAD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1987

3a. Date of Last Report

07/22/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

Country

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2802114

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

7. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYER, DAVID B.
2081 BEACH AVENUE
ATLANTIC BEACH FL 32233

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 of Agent or Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYER, MARY LOUISE
STREET ADDRESS	2081 BEACH AVE
CITY, ST, ZIP	ATLANTIC BEACH FL
TITLE	VTS
NAME	BOYER, DAVID B.
STREET ADDRESS	2081 BEACH AVE.
CITY, ST, ZIP	ATLANTIC BEACH FL
TITLE	D
NAME	BOYER, DAVID B.
STREET ADDRESS	2081 BEACH AVE.
CITY, ST, ZIP	ATLANTIC BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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(1)(a), Florida Statutes. I further certify that the information indicated on the 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 of the corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

MARY LOUISE BOYER

4/26/95 904.398.3922