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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J66143

1. Corporation Name
BOYER & BOYER ARCHITECTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1614 MAYFAIR ROAD JACKSONVILLE FL 32207
Mailing Address 1614 MAYFAIR ROAD JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
04/08/1987

4. FEI Number 59-2802114
Applied For Not Applicable

2. Principal Place of Business 21 2061 BEACH AVE. 25
2a. Mailing Address 26 2061 BEACH AVE 27
Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 ATLANTIC BEACH, FL 28 ATLANTIC BEACH, FL
City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32233 25 ~~32233~~ 29 32233 30
Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BOYER, DAVID B.
2061 BEACH AVENUE
ATLANTIC BEACH FL 32233

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD BOYER, MARY LOUISE
STREET ADDRESS 2061 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL
TITLE DELETE
NAME VTS BOYER, DAVID B.
STREET ADDRESS 2061 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL
TITLE DELETE
NAME D BOYER, DAVID B.
STREET ADDRESS 2061 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH 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

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 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.

SIGNATURE: _____ DATE: 4/19/99 Daytime Phone #: (904)247-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)