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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67652

RICHARD FAWLEY ARCHITECTS, INC. Mailing Address Principal Place of Business 1001 MANATEE AVENUE WEST 1001 MANATEE AVENUE WEST **BRADENTON FL 34205** BRADENTON FL 34205-7801 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1987 04/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2795966 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAWLEY, RICHARD W. 1001 MANATEE AVE. W. Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE FAWLEY, RICHARD W 1.2 NAME 1001 MANATEE AVE. W. 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY: ST-ZIF 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS City-S1-7# 2. 4 City-St-ZiP □ DELETE Chance Addition TITEF 3.1 TITLE 3.2 NAME NAM: STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE Addition Change 5.1 TITLE HILL NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. If do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

an attachment with an address

04/25/97

Date

941-750-0009

Daytime Phone #

FILED

May 06 1997 8:00am

Secretary of State