

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 APR 28 PM 2: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K86472** (3)

1. Corporation Name

HOWARD DAVIS ASSOCIATES ARCHITECTS, P.A.

Principal Place of Business

**% HOWARD DAVIS
20 CATHEDRAL PLACE
ST AUGUSTINE FL 32084**

Mailing Address

**% HOWARD DAVIS
20 CATHEDRAL PLACE
ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1989

3a. Date of Last Report

08/09/1994

4. FEI Number

59-1834636

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

10 CATHEDRAL PLACE

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**DAVIS, HOWARD
20 CATHEDRAL PLACE
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10 CATHEDRAL PLACE

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 **X**

Signature of person becoming registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-24-95

12. OFFICERS AND DIRECTORS

TITLE	PSI
NAME	DAVIS, HOWARD
STREET ADDRESS	20 CATHEDRAL
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	D
NAME	DAVIS, HOWARD
STREET ADDRESS	20 CATHEDRAL
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	10 CATHEDRAL PLACE
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	10 CATHEDRAL PLACE
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(3)(b), 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.

SIGNATURE: **X**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

904-824-0471