

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L22798**

(7)

1. Corporation Name

P-R ARCHITECTURAL GROUP, INC.



Principal Place of Business

Mailing Address

**% J. PRIEDE RODRIGUEZ
1728 E 7TH AVE. YBOR CITY
TAMPA FL 33605**

**2920 W. SWANN
1728 E 7TH AVE. YBOR CITY
TAMPA FL 33609
US**

2. Principal Place of Business

2a. Mailing Address

21 **2920 W. Swann Ave.**

26 **2920 W. Swann Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa, Fl.**

28 **Tampa, Fl.**

Zip Country

Zip Country

24 **33609**

25 **Hillsborough**

29 **33609**

30 **Hillsborough**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/16/1989

3a. Date of Last Report

07/19/1995

4. FEI Number

59-2973433

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

10. Name and Address of New Registered Agent

**RODRIGUEZ, J. PRIEDE
1728 E. 7TH AVE., YBOR CITY
TAMPA FL 33605**

81 Name
J. Priede-Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)
2920 W. Swann Ave.

83

84 City
Tampa

85 Zip Code
FL 33609

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 (typed or printed name of registered agent and not applicable)

Signature (typed or printed name of registered agent and not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, J. PRIEDE**
STREET ADDRESS **4919 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Rodriguez, J. Priede**
1.3 STREET ADDRESS **2920 West Swann**
1.4 CITY-ST-ZIP **Tampa, Fl. 33609**

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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in change of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Priede-Rodriguez, President

(813) 873-7733

(L-1)

Last Date Printed

CR2E034 (12/95)