

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L68654 (7)**

1. Corporation Name

**ASSOCIATED FLORIDA ARCHITECTS, INC.**



Principal Place of Business

Mailing Address

C/O JOHN DON PUCKETT  
3450 SW 24TH AVENUE  
GAINESVILLE FL 32608

802 NW 23RD AVENUE  
SUITE B  
GAINESVILLE FL 32609-3534  
US

3. Date Incorporated or Qualified

**04/27/1990**

3a. Date of Last Report

**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **802 NW 23<sup>rd</sup> AVENUE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE B**

27

City & State

City & State

23 **GAINESVILLE FLORIDA**

28

Zip

Zip

24 **32609**

Country

Country

25 **US**

29

30

4. FEI Number

**59-3008986**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCKETT, JOHN DON  
802 N W 23RD AVENUE  
SUITE B  
GAINESVILLE FL 32609

81 Name

**ROBERT S. TAYLOR, SR.**

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

**802 NW 23<sup>rd</sup> AVENUE**

83

**SUITE B**

84 City

**GAINESVILLE**

FL

85 Zip Code

**32609**

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 *Robert S. Taylor, Sr.*

**ROBERT S. TAYLOR, SR.**

**2-28-96**

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUCKETT, JOHN DON</b>	
STREET ADDRESS	<b>802 NW 23RD AVE, STE B</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUCKETT, ELIZABETH COOKE</b>	
STREET ADDRESS	<b>802 NW 23RD AVE, STE B</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERT S. TAYLOR, SR.</b>	
1.3 STREET ADDRESS	<b>802 NW 23<sup>rd</sup> AVENUE STE. B</b>	
1.4 CITY - ST - ZIP	<b>GAINESVILLE, FLORIDA 32609</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 if changed, or on an attachment with an address.

SIGNATURE *Robert S. Taylor, Sr.*

**ROBERT S. TAYLOR, SR.**

**2-28-96 (352) 375-3005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)