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 # **L88849** **(9)**

1. Corporation Name

BUILDING ANALYSTS, INCORPORATED

Principal Place of Business	Mailing Address
30338 DEER RUN DADE CITY FL 33525 US	30338 DEER RUN POST OFFICE BOX 1319. SAN ANTONIO. FL DADE CITY FL 33525 US

3. Date Incorporated or Qualified: **07/25/1990** | 3a. Date of Last Report: **06/02/1995**

4. FEI Number: **59-3041501** | ☐ 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 24 | Country 25

2a. Mailing Address
26 P.O. BOX 1319
Suite, Apt. #, etc.
27
City & State
28 SAN ANTONIO FL
Zip 29 33576 | Country 30 U.S.

9. Name and Address of Current Registered Agent

ALLEN, CHARLES RICHARD
30338 DEER RUN
DADE CITY FL 33525

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, CHARLES RICHARD		12 NAME	
STREET ADDRESS	30338 DEER RUN		13 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALLEN, KAY GRENGA		22 NAME	
STREET ADDRESS	30338 DEER RUN		23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525		24 CITY ST ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MANN, LESTER HAMPTON		32 NAME	
STREET ADDRESS	258 PYLANT ST		33 STREET ADDRESS	
CITY-ST-ZIP	SENOIA GA 30276		34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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 added to the report. I am aware that false information submitted in a document to any filing officer with an address.

SIGNATURE: C.R. Allen C.R. ALLEN 4-8-96 904 588 4562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)