

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR - 9 PH 3: 57

DOCUMENT # **M89041** (1)

1. Corporation Name  
**ARTERBURY ARCHITECTS, INC.**

Principal Place of Business  
**401 WHOOPIN G LOOP  
#1537 # 1537  
ALTAMONTE SPRINGS FL 32701-3445  
US**

Mailing Address  
**401 WHOOPIN LOOP  
#1537 # 1537  
ALTAMONTE SPRINGS FL 32701-3445  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/11/1988** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-2897431** 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 **401 Whooping Loop**  
Suite, Apt. #, etc.  
22 **# 1537**  
City & State

2a. Mailing Address  
26 **401 Whooping Loop**  
Suite, Apt. #, etc.  
27 **# 1537**  
City & State

23 Zip Country  
24 Zip 25 Country

28 Zip Country  
29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ARTERBURY CORNELL  
670 YOUNGSTOWN PARKWAY #280  
ALTAMONTE SPRINGS FL 32714**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>ARTERBURY, CORDELL</b>
STREET ADDRESS	<b>1812 FINLEY AVE.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>ST</b>
NAME	<b>ARTERBURY, MAUREEN</b>
STREET ADDRESS	<b>1812 FINLEY AVE.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>VP</b>
NAME	<b>ARTERBURY, CORNELL</b>
STREET ADDRESS	<b>670 YOUNGSTOWN PKWY #280</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 unchanged, or as an attachment with an address.

SIGNATURE: *Cornell Arterbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-95** (407)332-0228  
Date Signature