

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M89041

(1)

1. Corporation Name

ARTERBURY ARCHITECTS, INC.



Principal Place of Business

Mailing Address

401 WHOOPING LOOP  
1537  
ALTAMONTE SPRINGS FL 32701-3445  
US

401 WHOOPING LOOP  
1537  
ALTAMONTE SPRINGS FL 32701-3445  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 2400 SAND LAKE RD.

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD FL

Zip

24 32779

Country

25 Seminole

2a. Mailing Address

26 2400 SAND LAKE RD.

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD, FL

Zip

29 32779

Country

30 Seminole

9. Name and Address of Current Registered Agent

ARTERBURY CORNELL  
670 YOUNGSTOWN PARKWAY #280  
ALTAMONTE SPRINGS FL 32714

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 date if applicable

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME ARTERBURY, CORDELL

STREET ADDRESS 1612 FINLEY AVE.

CITY-ST-ZIP APOPKA FL

TITLE ST ☐ DELETE

NAME ARTERBURY, MAUREEN

STREET ADDRESS 1612 FINLEY AVE.

CITY-ST-ZIP APOPKA FL

TITLE VP ☐ DELETE

NAME ARTERBURY, CORNELL

STREET ADDRESS 670 YOUNGSTOWN PKWY #280

CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE DV PRESIDENT ☒ Change ☐ Addition

12 NAME ARTERBURY, CORDELL

13 STREET ADDRESS 2400 SAND LAKE ROAD

14 CITY-ST-ZIP LONGWOOD, FL 32779

21 TITLE ST ☒ Change ☐ Addition

22 NAME ARTERBURY, MAUREEN

23 STREET ADDRESS 2400 SAND LAKE ROAD

24 CITY-ST-ZIP LONGWOOD, FL 32779

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E034 (10/97)