

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M96095** (8)
1. Corporation Name
HUNTON, BRADY, PRYOR & MASO ARCHITECTS, P.A.

Principal Place of Business 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405	Mailing Address 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 08/25/1988	
4. FEI Number 59-2910866		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. \$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	

9. Name and Address of Current Registered Agent PRYOR, FRED H JR. 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	BRAYD, CLYDE A III		1.2 NAME				
STREET ADDRESS	135 WEST CENTRAL BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	PRYOR, FRED H JR.		2.2 NAME				
STREET ADDRESS	135 WEST CENTRAL BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	VPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	MASO, MAURIZIO J		3.2 NAME				
STREET ADDRESS	135 WEST CENTRAL BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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)(f), 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 for on an attachment with an address.

SIGNATURE

THE REQUIRED

1/5/98

407-859-0886

CR2E034 (10/97)