

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90016 014 \*\*\*150.00

**DOCUMENT # P12763**

1. Entity Name  
FRANKLIN ASSOCIATES, ATCHITECTS, INC.



Principal Place of Business 142 N. MARKET STREET P.O. BOX 4048 CHATTANOOGA, TN 37405-0048	Mailing Address 142 N. MARKET STREET P.O. BOX 4048 CHATTANOOGA, TN 37405-0048
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004

Chg-P

CR2E034 (10/03)

4. FEI Number

62-0679391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYLE, MITZI  
11839 LORETTO WOODS CT  
JAX, FL 33323

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HILBERT, GARY B.	
STREET ADDRESS	7003 GENOA DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, HARRY J. JR.	
STREET ADDRESS	6336 OLD DAYTON PIKE	
CITY-ST-ZIP	HIXSON, TN	

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, ROBERT A.	
STREET ADDRESS	142 N. MARKET ST.	
CITY-ST-ZIP	CHATTANOOGA, TN	

TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JR. E J.	
STREET ADDRESS	602 SPRING LAKE CT	
CITY-ST-ZIP	CHATTANOOGA, TN	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilbert, Gary B.	
STREET ADDRESS	2519 Cedar-ton Court	
CITY-ST-ZIP	Chattanooga, TN 37421	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04 423-266-1207