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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P92000012336 (3)

1. Corporation Name
CRISWELL BLIZZARD & BLOUIN, ARCHITECTS, INCORPOR ATED

Principal Place of Business	Mailing Address
25 2ND STREET, NORTH SUITE 100 ST. PETERSBURG FL 33701 US	25 2ND STREET, NORTH SUITE 100 ST. PETERSBURG FL 33701-3362 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/16/1992**
3a. Date of Last Report: **03/18/1996**
4. FEI Number: **59-3156621** ☐ 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

9. Name and Address of Current Registered Agent

BLIZZARD, WILLIAM S
25 2ND ST NORTH
SUITE 100
ST PETERSBURG FL 33701

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLIZZARD, WILLIAM S		1.2 NAME		
STREET ADDRESS	1544 MANOR WAY S		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETESBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRISWELL, WILLIAM N		2.2 NAME		
STREET ADDRESS	2020 OAK ST NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOUIN, JOSEPH E JR		3.2 NAME		
STREET ADDRESS	4508 ROSEMERE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, JOHN L		4.2 NAME		
STREET ADDRESS	1969 BROOKSTONE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	ROGE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RS, MARK J		5.2 NAME		
STREET ADDRESS	154 BOSPHOROUS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RASQUERO, MARCIA D		6.2 NAME		
STREET ADDRESS	3086 POITER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Marcia D Rasquero 4/7/97 (813)822-2323

CR2E034 (9/96)