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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P92000012702 (6)

1. Corporation Name

ANDREA CLARK BROWN ARCHITECTS, P.A.

Principal Place of Business	Mailing Address
966 SIXTH AVE S NAPLES FL 33940	616- 5TH AVENUE SOUTH NAPLES FL 33940 US

3. Date Incorporated or Qualified 12/18/1992	**3a. Date of Last Report** 04/03/1995

Principal Place of Business	**2a.** Mailing Address	**4. FEI Number** 65-0375612 — Applied For / Not Applicable
21 616 6Th Ave South	**26**	
22 Suite, Apt. #, etc.	**27** Suite, Apt. #, etc.	**5. Certificate of Status Desired** ☐ **$8.75** Additional Fee Required
23 City & State NAPLes .FL	**28** City & State	**6. Election Campaign Financing Trust Fund Contribution** ☐ **$5.00** May Be Added to Fees
24 Zip FL 33940 **25** Country USA	**29** Zip **30** Country	**8.** This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**
BROWN, ANDREA C 966 SIXTH AVE S NAPLES 33940 FL	**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		**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**	
TITLE **P** / NAME **BROWN, ANDREA C** / STREET ADDRESS 966 SIXTH AVE S 616-5Th Ave South / CITY-ST-ZIP **NAPLES FL 33940**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE: _____   4-29-96   941-263-3898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #