FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000531 (2)**

1. Corporation Name
GRAVES + KLEIN, ARCHITECTS, ENGINEERS, P.A.

Principal Place of Business	Mailing Address
207 E MAIN STREET PENSACOLA FL 32501	207 E MAIN STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1992**
3a. Date of Last Report: **06/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 121 E. GOVERNMENT STREET	26 121 E. GOVERNMENT STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA , FLORIDA	City & State 28 PENSACOLA, FLORIDA
Zip / Country 24 32501 / 25 ESCAMBIA	Zip / Country 29 32501 / 30 ESCAMBIA

4. FEI Number: **59-3155771** ☐ 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	10. Name and Address of New Registered Agent
RAY, KIEVIT & KELLY 15 W MAIN STREET PENSCOLA FL 32501	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GRAVES, WILLIAM E.	1.2 NAME	GRAVES, WILLIAM, E.	
STREET ADDRESS	207 EAST MAIN STREET	1.3 STREET ADDRESS	121 E. GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	KLEIN, JOHN H.	2.2 NAME	KLEIN, JOHN, H.	
STREET ADDRESS	207 EAST MAIN STREET	2.3 STREET ADDRESS	121 E. GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	TLEMSANI, HAMZA	3.2 NAME	TLEMSANI, HAMZA	
STREET ADDRESS	207 EAST MAIN STREET	3.3 STREET ADDRESS	121 E. GOVERNMENT STREET	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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)(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: William E. Graves William E. Graves 904-432-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-20-95

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