

4397 B-0112C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
 Apr 03 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000045513 (7)

1. Corporation Name  
 AKIN AND ASSOCIATES ARCHITECTS, INC.



Principal Place of Business: 2603 W. THARPE STREET, UNIT A TALLAHASSEE FL 32303  
 Mailing Address: 2603 W. THARPE STREET, UNIT A TALLAHASSEE FL 32303-3247

3. Date Incorporated or Qualified: 06/28/1993  
 3a. Date of Last Report: 02/23/1996  
 4. FEI Number: 58-2033267  
 5. Certificate of Status Desired:  Yes  No  
 6. Election Campaign Financing Trust Fund Contribution:  Yes  No  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24, 25  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
 AKINYEMI, AKIN S  
 2603 W. THARPE STREET, UNIT D  
 TALLAHASSEE FL 32303

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

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 \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINYEMI, AKIN S	1.2 NAME	
STREET ADDRESS	2603 W. THARPE STREET, UNIT D	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALICIA-AKINYEMI, ELVIRA	2.2 NAME	
STREET ADDRESS	2603 W. THARPE STREET, UNIT D	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MICHAEL N.	3.2 NAME	
STREET ADDRESS	1626 CUMBERLAND CLUB ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Elvira Galicia Akinyemi* DATE: 3/31/97 DAYTIME PHONE: 904/385-2546

CR2E034 (9/96)