SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000046591 (2)

RESIDENTIAL ARCHITECTURAL DESIGN & DRAFTING, INC

Principal Place of Business

Mailing Address



| City & State Country C | 1227 UNION ST CLEARWATER FL 34615 | | | 1227 UNION ST CLEARWATER FL 34615 | | | | | | |
|--|---------------------------------------|--------------------------------------|---|--------------------------------------|-------------|---------------------------|---|---|---|------------|
| April Apri | | | | | | | | | | |
| Suite, Apt #, etc. 27 | 2. Principal Pl | ace of Business | 2a. Mailing A | ddress | | | | .L | · , · · · · · · · · · · · · · · · · · · | O' |
| 27 | · · · · · · · · · · · · · · · · · · · | | | | | | 59-3206028 | | | |
| 28 | · | | — — · · · | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| Zup | | 2 | City & Sta | ate | | | 6. Election Campaign Financing | | \$5.00 May B | le |
| 9. Name and Address of Current Registered Agent PAULTRE, FRANTZ 1227 UNION ST CLEARWATER FL 34614 82 Street Address (P.O. Box Number is Not Acceptable) Floring Statutes 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sociens 607 0502 and 607 1508. Florida Statutes, the above named corporation submits has statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above named corporation submits has statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above named corporation submits has statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above named corporation submits has statement for the purpose of changing its registered agent. In the purpose of changing its registered agent in familiar with, and accept the obligations of Section 607 6056 Florida Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. SINEET ADDRESS SINEET ADDRESS 13. SINEET ADDRESS 14. OFFI ST 2P 11. AMM 22. NAME 23. SINEET ADDRESS CITY ST 2P 11. AMM 24. NAME 35. SINEET ADDRESS CITY ST 2P 11. AMM 45. SINEET ADDRESS CITY ST 2P 15. AMM 45. SINEET ADDRESS CITY ST 2P 15. AMM 45. SINEET ADDRESS CITY ST 2P 15. AMM 46. SINEET ADDRESS CITY ST 2P 15. AMM 46. SINEET ADDRESS CITY ST 2P 15. AMM 47. SINEET ADDRESS CITY ST 2P 15. AMM 48. SINEET ADDRESS CITY ST 2P 15. AMM 48. SINEET ADDRESS CITY ST 2P 15. AMM 48. SINEET ADDRESS CITY ST 2P 15. AMM 49. SINEET ADDRESS CITY ST 2P 15. AMM 40. SINEET ADDRESS CITY ST 2P 15. AM | | ······ | | | | | Trust Fund Contribution | <u> </u> | Added to Fees | ; |
| PAULTRE, FRANT2 1227 UNION ST CLEARWATER FL 34614 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes. The above named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Floridal Such change was author/and by the corporation's board of directors. I hoveby accept the appointment as registered agent all marrians with, and accept the obligations of 'Section 607 0505. Floridal Statutes. SIGNATURE 12. | | | <u></u> —-1 | F | Country | | | | | 32. |
| PAULTRE, FRANTZ 1227 UNION ST CLEARWATER FL 34614 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registere agent in malerial make, in the state of Florida Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent in malerial make, and accept the displaced agent, or both, in the State of Florida Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent and malerial make, and accept the displaced agent agent and seven the province of agent agent and remarks registered agent remarks registered remarks registered agent remarks registered age | 24} | | Prince a reserve and a second second | | | | | | | |
| 1227 UNION ST CLEARWATER FL 34614 | D.11 | | Of Current Hegistered Age | | 81 | Name | TO. Name and Address of New Neg | istered Age | ••• | |
| CLEARWATER FL 34614 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-nation submits his statement for the purpose of changing its register 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 registere agent. I am familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE Topic for the purpose of change its registered agent and the obligations of Section 607 0505. Florida Statutes. 12. | | | | | | | | | | |
| B3 | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable | e) | | |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of charging its register office or registered agent, or froits, in the State of Florida Such charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agen | · · | DANNA CITTE OTO IT | | | 83 | | | *************************************** | | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, like above named corporation submits this statement for the purpose of changing its register office or registered agent, or fronts, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of Sections 607 0505. Florida Statules. SIGNATURE | ı | | | | 84 | City | | FI ⁸ | S Zip Code | |
| 12. | office or re | egistered agent, or both, ir | i the State of Florida. Such ch | range was authoriz | red by t | named corp he corporat | poration submits this statement for the pullion's board of directors. I hereby accept | ruose of cha- | nging its registerent as registere | ared ad |
| TITLE | | Stguature, typedior printed nanie of | re justered agent and title if apply able | (NOTE Regist | tereu Ager | nt signature requ | ered when reinstaling) | E)A1L | | |
| NAME | 12. | OFF | ICERS AND DIRECTORS | 1 | 3. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DI | RECTORS IN 12 | 2 |
| 1308 VERMONT AVE. 13 SHEET ADDRESS 14 CITY-ST-ZIP | TITLE | | | DELETE 1 | 1 TITLE | | | | Change A | ddition |
| TARPON SPRINGS FL | NAME | Paultre, Frantz | | 1: | 2 NAME | | | | | |
| DELETE | STREET ADDRESS | | | 1: | a stheet | ADDRESS | | | | |
| STREET ADDRESS 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 24 CITY - ST - ZIP 27 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 34 CITY - ST - ZIP 34 CITY - ST - ZIP 34 STREET ADDRESS 34 | | TARPON SPRINGS F | <u>[</u> | | | - ZIP | | | | |
| 23 STREET ADDRESS 24 CITY ST-ZIP 24 CITY ST-ZIP | ŀ | | LJ | | | | | | Change A | lddition |
| City S1-ZIP | 1 | | | | | | | | | |
| TITLE | ŀ | | | | | | | | | |
| NAME | | | | | | T - ZIP | | | Change | ddition |
| STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST - ZIP | ļ | | لــا | _ | | | | | Change A | remon |
| City - St - ZiP | J | | | | | ADDOCCO | | | | |
| TITLE DELETE 4.1 TITLE Change Ad NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Charge Ad TITLE DÉLETE 5.1 TITLE Charge Ad NAME 5.2 NAME Ad Ad | | | | 1 | | | | | | İ |
| NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DÉLETE 51 TITLE Charge Ad NAME 52 NAME | | | | | | 1724 | | | Change A | ddition |
| STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DÉLETE 51 TITLE Charge Ad NAME 52 NAME | | | | | | ŀ | | | | |
| CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DÉLETE 51 TITLE Charge Ad NAME 52 NAME | 1 | | | | | ADDRESS | | | | |
| TITLE DÉLETE 51TITLE Charge Ad NAME 52 NAME | ! | | | | | | | | | |
| | | | | | | | VIET 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | Change A | Addition |
| STREET ADDRESS | NAME | | _ | 5: | 2 NAME | | | | b1 | |
| | STREET ADDRESS | | | 5: | 3 STREET | ADDRESS | | | | |
| C11Y-S1-ZIP 54C11Y-S1-ZIP | CITY-ST-ZIP | | | 5- | 4 CHTY - ST | !- ZIP | | | | |
| | | | | | | | | | Change A | ne tibb/ |
| NAME 62 NAME | NAME | | | 6: | 2 NAME | İ | | | - | |
| STREET ADDRESS 6.3 STREET ADDRESS | STREET ADDRESS | | | 6 | 3 STREET | ADDRESS | | | | |
| 01Y-S1-2IP 6 4 C1Y-S1-2IP | C(1Y - S1 - 2)P | | ····· | 6 | 4 CITY - S | I - ZIP | | | | |

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 line receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-96 (BB) 944-3318