## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| · ·   | MENT # <b>P9300</b> 0<br>H & WARD, ARCHITECTS, II   |                                  |   |                                  |  |                            |  |
|---|---|----------------------------------|---|----------------------------------|--|----------------------------|--|
| Principal Place of Business Mailing Address |   |                                  |   |                                  |  |                            |  |
| 216 EAST O                                  | 216 EAST OAKLAND AVE. 216 EAST OAKLAND AVE.   |                                  |   |                                  |  |                            |  |
| SUITE 06                                    |   | SUITE 06                         | SUITE 06  |                                  | DO NOT WRITE   | DO NOT WRITE IN THIS SPACE |  |
| TALLAHASSE                                  | E FL 32301  | TALLAHASSEE FL 32301             |   |                                  | 3. Date Incorporated or Qualified  | IN THIS SPACE              |  |
| l l   |   |                                  |   |                                  | 09/07/1993   |                            |  |
| 2. Principal P                              | Place of Business   | 2a. Mailing Address              |   | 4. FEI Number                    | Applied For  |                            |  |
| 21  |   | 26                               |   | 59-3203018                       | Not Applicable   |                            |  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.              |   | 5. Certificate of Status Desired | \$8.75 Additional  |                            |  |
| 22  |   | 27                               |   | B. Commode of Clares Desires     | Fee Required   |                            |  |
| City & State                                |   | City & State                     |   | 6. Election Campaign Financing   | \$5.00 May Be  |                            |  |
| Zip   | Country   | Zip Country                      |   | Trust Fund Contribution          | Added to Fees  |                            |  |
| 24  | Zip   |                                  | 30  |                                  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |                            |  |
| 241   | 9. Name and Address of Current  |                                  | 301   |                                  | 10. Name and Address of New Reg  |                            |  |
| W   | ELCH, ANDREW H  |                                  | 81  | Name                             |  |                            |  |
| 840 SANTA ROSA DR                           |   |                                  | 82  | Street Add                       | dress (P.O. Box Number is Not Acceptable   | /al                        |  |
|   | TALLAHASSEE FL 32301  |                                  |   | 00000700                         | JIOSS (F.O. DON HADINGS IN 1401 / GOODING  | 101                        |  |
| ł   |   |                                  | 83  |                                  |  |                            |  |
|   |   |                                  | 84  | City                             | <del>, , , , , , , , , , , , , , , , , , , </del>  | 85 Zip Code                |  |
|   | 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aul agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid |                                  |   |                                  |  | FL                         |  |
| SIGNATURE                                   | Signature, typind or printed numbered registered ages  OFFICERS AND   | of and title if applicable (NOTE |   |                                  | uired when reinstaling) ADDITIONS/CHANGES TO OFFICE  | DATE                       |  |
| TITLE                                       | PTC DELETE  |                                  | 1.1 TITLE   |                                  |  | ☐ Change ☐ Addition        |  |
| NAME  | WELCH, ANDREW H   | 06                               | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 City-St-Zip |                                  |  |                            |  |
| STREET ADDRESS                              | 216 E. OAKLAND AVE. STE.  |                                  |   |                                  |  |                            |  |
| CITY-ST-ZIP                                 | TALLAHASSEE FL  |                                  |   |                                  |  |                            |  |
| TITLE                                       | VSD   | DETETE                           | 2.1 TITLE   |                                  |  | L_ Change L_ Addition      |  |
| NAME  | JOHN M. WARD, JR  | •                                | 2.2 NAME  |                                  |  |                            |  |
| STREET ADDRESS                              | TALLALIACOPP PI   |                                  | 2.3 STREET  | 1                                |  |                            |  |
| CITY-ST-ZIP<br>TITLE                        | DELETÉ  |                                  | 2 4 CITY-S<br>3.1 TITLE                           | 3 - ZIP                          |  | Change Addition            |  |
| NAME  |   |                                  | 3.2 NAME  | )                                |  | C Contrago C T Contrago    |  |
| STREET ADDRESS                              |   |                                  | 3.3 STREET  | ADDRESS                          |  | e*                         |  |
| CITY-ST-ZIP                                 |   |                                  | 34. CITY-S  |                                  |  |                            |  |
| TITLE                                       | ☐ DELETE  |                                  | 4.1 TITLE   |                                  |  | Change Addition            |  |
| - NAME                                      |   |                                  | 4. 2 NAME   |                                  |  |                            |  |
| STREET ADDRESS                              |   |                                  | 4.3 STREET ADDRESS                                |                                  |  |                            |  |
| CITY-ST-ZIP                                 |   |                                  | 4.4 CITY-ST-ZIP                                   |                                  |  |                            |  |
| THILE                                       | DOLFTE  |                                  | 5.1 TITLE   |                                  | <del></del>  | ☐ Change ☐ Addition        |  |
| NAME  |   |                                  | 5.2 NAME  |                                  |  |                            |  |
| STREET ADDRESS                              |   |                                  | 5.3 STREET  | ADDRESS                          |  |                            |  |
| CITY-ST-ZIP                                 |   |                                  | 5.4 CITY - S1                                     | 1 - ZIP                          |  |                            |  |
| TITLE                                       |   | ☐ DELETE                         | 6.1 TITLE   |                                  |  | Change Addition            |  |
| NAME  |   |                                  | 6.2 NAM€  |                                  |  |                            |  |
| STREET ADDRESS                              |   |                                  | 6.3 STREET  |                                  |  |                            |  |
| CITY-ST-ZIP                                 |   |                                  | 6.4 CITY - ST                                     | r-zip                            |  |                            |  |

14. I 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.

OLONIATURE.

1.6.2/2/16

1/2/08 860-222-

**FILED** 

Apr 13 1998 8:00am

Secretary of State