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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

P93000080138 (9) DOCUMENT #

MCWHORTER ARCHITECTS. P.A.

30 GARDENIA STREET 30 GARDENIA ST SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459-6348 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3217750 26 Not Applicable Suite, Apl. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCWHORTER, JAMES C 30 GARDENIA STREET 82 Street Address (P.O. Box Number is Not Acceptable) SEAGROVE BEACH FL 32459 83 RΔ 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 Signature, typed or pointed name of regularied agent as distle if applicable (NOTE: Flogistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE ☐ Change \_\_\_ Addition NAME MCWHORTER, JAMES C 1.2 NAME 30 GARDENIA STREET STREET ADDRESS 1.3 STREET ADDRESS SEAGROVE BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4 CITY-ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 54 CITY-ST-ZIP DELETE TITLE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

**FILED** Jan 22 1997 8:00am Secretary of State



Jan 15, 1997 909.231.1750

0065443