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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000080474 (8)**

1. Corporation Name

W. ANDREW POPE ARCHITECTS, P.A.



Principal Place of Business

Mailing Address

**5160 HWY 98 E
SUITE 5
DESTIN FL 32541**

**5160 HWY 98 E
SUITE 5
DESTIN FL 32541**

2. Principal Place of Business

2a. Mailing Address

21 **SUITE 23**

26 **SUITE 23**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10221 EMERALD COAST PKWY**

27 **10221 EMERALD COAST PKWY**

City & State

City & State

23 **DESTIN**

28 **DESTIN**

Zip

Zip

Country

Country

24 **32541**

25 **WALTON**

29 **32541**

30 **WALTON**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPE, W ANDREW
5160 HWY 98 E
SUITE 5
DESTIN FL 32541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10221 EMERALD COAST PKWY.

83 **SUITE 23**

84 City **DESTIN**

FL

85 Zip Code
32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1618, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonattesting)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **POPE, W ANDREW**
STREET ADDRESS **5160 HWY 98 E SUITE 5**
CITY-ST-ZIP **DESTIN FL 32541**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **10221 EMERALD COAST PKWY., SUITE 23**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)