


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

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90020 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000007660</b>					
1. Corporation Name <b>FIELDS COMPANY ARCHITECTS, P.A.</b>					
Principal Place of Business <b>44 ANCHORS WAY CRAWFORDVILLE FL 32327 US</b>			Mailing Address <b>PO BOX 6644 TALLAHASSEE FL 32314-6644 US</b>		
2. Principal Place of Business <b>21 41 Anchors Way</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 41 Anchors Way</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/01/1994</b>	
22		27		4. FEI Number <b>59-3225108</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23 Crawfordville, FL</b>		City & State <b>28 Crawfordville, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip Country <b>24 32327 25 USA</b>		Zip Country <b>29 32327 30 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>FIELDS, SUZANNE ANCHORS WAY CRAWDFORDVILLE FL 32327</b>			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE				
NAME	<b>FIELDS, SUZANNE</b>				
STREET ADDRESS	<b>44 ANCHORS WAY</b>				
CITY-ST-ZIP	<b>CRAWDFORDVILLE FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

2 February 99 (850) 421-4744