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

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P94000007660 DOCUMENT

1. Corporation Name

FIELDS COMPANY ARCHITECTS. P.A.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Place	e of Business	Mailing Address		[) #\$111 10E1B BILLS	yılılı Q ŞII (UB)
44 ANCHORS WAY CRAWFORDVILLE FL 32327 US		PO BOX 6644 Tallahassee FL 32314-6644 US		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualifed 02/01/1994		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21 4] Anchors Way 26 4] Anchors Way		Way	59-3225108		t Applicable	
	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8:75 A	
22		27	No.		Fee Rec	
City & State		City & State	la Dr	6. Election Campaign Financing	\$5.00	· · ·
20		28 Crawfordvil	Country	Trust Fund Contribution	Added to) rees
Zip	Country	1 2 2 2 2 2 7 -	רוֹכֹא ד	 This corporation owes the current year la Personal Property Tax. 		X No
24 32327	7 25 USA 9. Name and Address of Curren		VI	10. Name and Address of New Registered		
	5. Name and Address of Conten	r registered rigent	81 Name		: -	
FIELDS, SUZANNE				CD CD St. show's New Assessments		
ANCHORS WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)		ļ
CRA	WDFORDVILLE FL 32327		83			
			84 City	F	!	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by the corpor	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the appe	if changing its pintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Apent signature rec			
12.	,	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	X DELETE	1.1 TITLE	P Fields, Suzanne	🔀 Change	☐ Addition
NAME	FIELDS, SUZANNE		1.2 NAME			
STREET ADDRESS	44 ANCHORS WAY		1.3 STREET ADDRESS	41 Anchors Way Crawfordville, Florid	2222	7
CITY-ST-ZIP	CRAWDFORDVILLE FL	☐ DELETE	1.4 CITY-ST-ZIP	Crawlordville, Floric	Change	/ Addition
TITLE		L.J DELETE	2.1 TITLE		☐ Ollarigo	[] Maditon
NAME			2.2 NAME			
STREET ADDRESS		is. Para and area a	2.3 STREET ADDRESS	talian de la composition della	پوست سي پاين	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE				
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE		- Decere	4. 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITLE	****	☐ Change	Addition
			5.2 NAME			_
NAME STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
			6.3 STREET ADDRESS			

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 supplied ental 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 porparation 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE RESUZARNECFields OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 February 99 (850)421-4744

Daytime Phone #