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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027841 (2)

PAUL WESLEY PORTAL ARCHITECTURE, P.A. Principal Place of Business Mailing Address 12 W. UNIVERSITY AVE 12 W. UNIVERSITY AVE GAINESVILLE FL 32801 DO NOT WRITE IN THIS SPACE **GAINESVILLE FL 32801** 3. Date Incorporated or Qualified 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3335158 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent atrice Boyes HAYTER, JOHN F 704 NORTHEAST FIRST STREET Street Address (P.O. Box Number is Not Acceptable) 82 **GAINESVILLE FL 32601** 83 Gamesuille 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PORTAL, PAUL W NAME 1.2 NAME 711 NORTHEAST 5TH STREET STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32601** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 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 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

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

CITY+ST-ZIP

STREET ADDRESS

TITLE

4-17-98

FILED

May 04 1998 8:00am

Secretary of State

Addition