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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Jun 05 1997 8:00am

Secretary of State

DOCUMENT # P96000013694 (0)

INNOVATIVE ARCHITECTURE, INC.

Mailing Address Principal Place of Business 103 NORTH 7TH STREET 103 NORTH 7TH STREET LAKE CITY FL 32055 LAKE CITY FL 32055-3809 3a. Date of Last Report 3. Date Incorporated or Qualified 02/07/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country ☐ Yes ☐ No **3**0 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JOYE, BARRY D 103 NORTH 7TH STREET Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 83 City 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 Engistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11111116 PRESIDENT TITLE BARRY D. JOYE NAME 12 NAME 103 N. 7th St. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ Change Addition DELETE 4.1 10TLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ___ Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STRELT ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing docs 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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - S1 - ZIP