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

PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Apr 21 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

FILED

1998 P96000028247 (0) DOCUMENT # ARCHITECTURAL CONCEPTS OF TAMPA, INC. Principal Place of Business Mailing Address 205 8 GLEN ARVEN AVE 205 S GLEN ARVEN AVE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3382967 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zg: Country 8. This corporation owes or has paid the current year Intangible 25 24 Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CULBREATH, STEVE E 205 S GLEN ARVEN AVE 82 Street Address (P.O. Box Number is Not Acceptable) **TEMPLE TERRACE FL 33617** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08, 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. Lem familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 4-14 98 SC SIGNATURE (NOTE: Bogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 🔲 OLLETË ٧P Change Addition TITLE 1.1 101.6 NAME CULBREATH, REEDA G. 1.2 NAME 205 SOUTH GLEN ARVEN STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP OHETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE Change Addition 3111111 NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIF DELITE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y - ST - Z()2 CITY-ST-ZIP 🔲 DOLETE TITLE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TIBLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-S1-7P

al Mac

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 attrichment with an address.