

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012313 (7)
1. Corporation Name

PURVIS . STREDNAK . RODRIGUEZ . MOHRFELD, INCORPORATED

Principal Place of Business
650 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32301

Mailing Address
650 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32301

FILED
Oct 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

59-3433028

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PURVIS, CHARLES M
650 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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	PD	<input type="checkbox"/> DELETE
NAME	STREDNAK, KATHY A	
STREET ADDRESS	650 CAPITAL CIRCLE, N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANGEL F	
STREET ADDRESS	650 CAPITAL CIRCLE, N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOHRFELD, ROBERT W	
STREET ADDRESS	650 CAPITAL CIRCLE, N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STB VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	PURVIS, CHARLES M	
STREET ADDRESS	650 CAPITAL CIRCLE, N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARGARET PURVIS	
13 STREET ADDRESS	650 CAPITAL	
14 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	700002666257	
33 STREET ADDRESS	-10/19/98-01006-007	
34 CITY-ST-ZIP	***150.00	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Margaret Purvis

9-18-98

6561280

CR2E034 (5/98)



PURVIS • STREDNAK • RODRIGUEZ • MOHRFELD, INCORPORATED
ARCHITECTS • INTERIOR DESIGNERS • LANDSCAPE DESIGNERS • ENGINEERS

650 Capital Circle N.E.
Tallahassee, Florida 32301
Telephone (850) 656-1200
Fax (850) 656-9005

2

PROFESSIONAL STAFF

Charles M. Purvis, R.A.
Florida Architect No. 8445
Georgia Architect No. 2406
Utah Registered Landscape
Architect No. 24253010

Kathy A. Strednak, IIDA
Florida Interior Designer
No. 3738

Angel F. Rodriguez, P.E.
Florida Professional
Engineer No. 37735

Robert W. Mohrfeld, P.E.
Florida Professional
Engineer No. 7432

James E. Rozzelle, R.A.
Florida Architect No. 4167

Paul D. O'Connell R.A.
Florida Architect No. 5137

Owen H. Taffe, Jr., P.E.
Wisconsin Professional
Engineer No. 18621

September 18, 1998

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please find enclosed check no. 370 for our 1998 profit corporation annual report in the amount of \$150.00. I did not received the first notice for this annual report.

Thank you for your help in this matter.

Sincerely,

Margaret

Margaret R. Purvis
Secretary/Treasurer

/mrp
Enclosure