## 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

## DOCUMENT # P97000105645

DAVID I. GRIST A1A ARCHITECT, INC.

1								
Principal Place of Business Mailing Address						1 (all (all ) the result point again again		
269 RICHMOND AVE S 269 RICHMOND AVE S								
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936						DO NOT WRITE IN T	THIS SPACE	
{						3. Date Incorporated or Qualifed		
						12/15/1997		
2 Principal P	lace of Business	2a, Mailing Address				4. FEI Number	Ap	plied For
21 26						65-0814779	No	t Applicable
		Suite, Apt. #, etc.	***				\$8.75	Additional
22						5. Certifcate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	_ Country	′		8. This corporation owes the current year		<b>5</b> 1
24	25	29 30	0			Personal Property Tax.	☐ Yes	<b>2</b> 00
	9. Name and Address of Currer	nt Registered Agent	81	1 63		10. Name and Address of New Registe	rea Agent	
GDIS	T DAVID I		°'	14	lame	Same as No.9		
GRIST, DAVID I 269 RICHMOND AVE S			82	S	treet Ac	ddress (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33936			83	+				
			-	<u> </u>			85 Zip (	Code
			84		City		FL	
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statutes	, the above	e-na	amed co	orporation submits this statement for the purpos	e of changing its	registered
agent. i a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607.0505, Florid	orized by a Statutes	tne S.	corpora	ation's board of directors. I hereby accept the a	ppolitiment as to	gistored
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	egistered Ager	nt sig	nature req	quired when reinstating) DAT		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PT	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GRIST, DAVID I		1.2 NAME					
STREET ADDRESS	269 RICHMOND AVE S		1.3 STREE	T ADI	DRESS			
CITY-\$T-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP		Р		☐ Change	Addition
TITLE	VS	☐ DELETE	2.1 TITLE					
NAME	GRIST, JOAN L		2.2 NAME		1			
STREET ADDRESS	1		2.3 STREE		- 1			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			ST-ZI	IP		☐ Change	Addition
TITLE		L DECETE	3.1 TITLE					
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		P		☐ Change	Addition
TITLE		C Defete						
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP			4.4 CITY-S	ST-ZII	P		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				Onto age	L., 10000011
NAME			5.2 NAME 5.3 STREE		ODECC			
STREET ADDRESS								
CITY-ST-ZIP		□ SC ETE	5.4 CITY-S 6.1 TITLE		-		☐ Change	Addition
TITLE		☐ DELETE	O.T TITLE		ļ			

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID 1. GIZIST

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 007 \*\*\*150.00