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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S07291 (5)

1. Corporation Name
PORTER MORRIS ARCHITECTS, INC.

Principal Place of Business
2014 PERRY PLACE
JACKSONVILLE FL 32207

Mailing Address
2014 PERRY PLACE
JACKSONVILLE FL 32207-3445



3. Date Incorporated or Qualified 10/10/1990
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FEI Number 59-3029740
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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBERT B. PORTER, JR.
2014 PERRY PLACE
SUITE 102
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name ROBERT B. PORTER, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 2014 PERRY PLACE
83 City JACKSONVILLE FL 85 Zip Code 32207

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD PORTER, ROBERT BEN, JR. 1660 MAYFAIR RD. JACKSONVILLE FL 32207
VTD MORRIS, HUGH FRANK 4140 TIMUQUANA ROAD JACKSONVILLE FL 32210

14. I do 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: [Signature] ROBERT B. PORTER, JR. 3-9-97 904 396 7221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)