FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **V24708** (2)

1. Corporate Name

KLAR YOUNG KLAR ARCHITECTS, INC.

Principal Place of Business	Mailing Address
28465 U.S. 19 NORTH SUITE 204 CLEARWATER FL 34621	28465 U.S. 19 NORTH SUITE 204 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3115842 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — County 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

KLAR, ROBERTA
601 HAMMOCK PINES BLVD
CLEARWATER FL 34621

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: KLAR, ROBERTA STREET ADDRESS: 601 HAMMOCK PINES BLVD CITY-ST-ZIP: CLEARWATER FL	1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ~~DT~~ NAME: ~~YOUNG, KRISTINE A~~ RESIGNED STREET ADDRESS: ~~3063 HOMETEAD CT.~~ CITY-ST-ZIP: ~~CLEARWATER FL 34610~~	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ~~V~~ NAME: ~~YOUNG, GARY R~~ RESIGNED STREET ADDRESS: ~~3063 HOMESTEAD CT.~~ CITY-ST-ZIP: ~~CLEARWATER FL~~	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S/VP NAME: KLAR, STEVEN L STREET ADDRESS: 601 HAMMOCK PINES BLVD. CITY-ST-ZIP: CLEARWATER FL	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Roberta G. Klar — 5-5-95 — 813-799-5420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0357899 CP