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95 APR 26 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 421811 (1)

1. Corporation Name
BRPH ARCHITECTS ENGINEERS, INC.

Principal Place of Business
**3275 SUNTREE BLVD.
MELBOURNE FL 32940-4599**

Mailing Address
**3275 SUNTREE BLVD.
MELBOURNE FL 32940-4599**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/26/1973** 3a. Date of Last Report **05/01/1994**

4. FBI Number **59-1447471** Applied For Not Applicable

5. Certificate of Status Desired **XX** **\$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 **XX** Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc. 22

23 City & State 24

25 Zip 26 Country 27

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**BRIEL, ERNEST M
401 ROXY AVENUE
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **VS**

NAME **SIMPERS, M.R.**

STREET ADDRESS **3505 JAMES RD**

CITY-ST-ZIP **COCOA FL**

TITLE **DP**

NAME **BRIEL, ERNEST M. JR.**

STREET ADDRESS **401 ROXY**

CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD**

NAME **HOUSER, LYLE M. JR.**

STREET ADDRESS **5825 US 1 SOUTH**

CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D**

NAME **RHAME, E. HARRISON**

STREET ADDRESS **581 INVERNESS**

CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD**

NAME **SHAW, LAWRENCE M.**

STREET ADDRESS **4390 STILLWATER DR**

CITY-ST-ZIP **MERRITT ISLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **RANDALL E. THRON**

6.3 STREET ADDRESS **457 BLUFF DRIVE**

6.4 CITY-ST-ZIP **MELBOURNE, FL 32901**

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 110.07(3)(b), 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: Sandra B. Mortham Susan B. Gifford 4/20/95 (407) 254-7666

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

Additional Officer on attached page



42184

ADDITIONAL OFFICER

T
SUSAN B. GIFFORD
910 DELTA WAY
MELBOURNE, FL 32940