

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004036

**Entity Name:** DALE PARTNERS ARCHITECTS P.A.**Current Principal Place of Business:**ONE JACKSON PLACE, SUITE 250  
188 E. CAPITOL STREET  
JACKSON, MS 39201**Current Mailing Address:**ONE JACKSON PLACE, SUITE 250  
188 E. CAPITOL STREET  
JACKSON, MS 39201**FEI Number:** 64-0854019**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	DALE, T. DOUG
Address	111 KATHERINE POINTE DRIVE
City-State-Zip:	MADISON MS 39110
Title	STOCKHOLDER
Name	JAUNSEN, LEIGH
Address	ONE JACKSON PLACE, SUITE 250 188 E. CAPITOL STREET
City-State-Zip:	JACKSON MS 39201
Title	PARTNER
Name	AGOSTINELLI, JASON
Address	ONE JACKSON PLACE, SUITE 250 188 E. CAPITOL STREET
City-State-Zip:	JACKSON MS 39201

Title	V
Name	BARNES, JEFFREY R
Address	4015 BERKLEY DRIVE
City-State-Zip:	JACKSON MS 39211
Title	SECRETARY
Name	BLOUNT, RUSSELL
Address	ONE JACKSON PLACE, SUITE 250 188 E. CAPITOL STREET
City-State-Zip:	JACKSON MS 39201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** T. DOUG DALE**PRESIDENT****01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date