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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 858184 (5)
1. Corporation Name
OGRAM ARCHITECTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**659 PEACHTREE ST
STE. 1600
ATLANTA GA 30308
US** **659 PEACHTREE ST.
STE. 1600
ATLANTA GA 30308
US**

3. Date Incorporated or Qualified **10/19/1983** 3a. Date of Last Report **06/09/1994**

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

4. FEI Number **58-1481905** 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

9. Name and Address of Current Registered Agent
**OGRAM, C. LESLIE
1851 GUAVA
EDGEWATER FL 32032**

10. Name and Address of New Registered Agent
81 Name **Alan M. Ozell, P.E.**
82 Street Address (P.O. Box Number is Not Acceptable) **2446 La Mesa Drive**
83
84 City **Jacksonville** FL 85 Zip Code **32217**

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 Alan M. Ozell, P.E. Alan M. Ozell 04/26/1995
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	OGRAM, DAVID R.
STREET ADDRESS	3122 EASTWOOD VALLEY RD.
CITY, ST, ZIP	ATLANTA GA
TITLE	V
NAME	OZELL, PHILLIP D.
STREET ADDRESS	1930 WINDHAM PARK NE
CITY, ST, ZIP	ATLANTA GA
TITLE	S
NAME	PREISS, BRENDA M.
STREET ADDRESS	3637 LODGEHAVEN DRIVE
CITY, ST, ZIP	GAINESVILLE, FA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Ozell, Phillip D.
3. STREET ADDRESS	1930 Windham Park NE; Atlanta, GA
4. CITY, ST, ZIP	
21. TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Stankus, Roman
23. STREET ADDRESS	973 Clifton Rd,
24. CITY, ST, ZIP	Atlanta, GA
31. TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Preiss, Brenda M.
33. STREET ADDRESS	3637 Lodgehaven Drive
34. CITY, ST, ZIP	Gainesville, GA 30506
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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)(k), 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: Phillip D. Ozell AIA 12 April 1995 404-874-7460
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE TELEPHONE NUMBER