

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90075 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 362174

1. Corporation Name  
 CRG, ARCHITECTS/PLANNERS, INC.



Principal Place of Business: 2111 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216  
 Mailing Address: 2111 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1970

4. FEI Number: 59-1308643 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: MCNETT, THOMAS L. 2220 ACADIE DR JACKSONVILLE FL 32217

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: 2

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUMPEL, PETER L		1.2 NAME	
STREET ADDRESS: 133 MARINE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP: ST, AUGUSTINE, FL.		1.4 CITY-ST-ZIP	
TITLE: VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCNETT, THOMAS L.		2.2 NAME	
STREET ADDRESS: 2220 ACADIE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GOODWIN, ROBT. C.		3.2 NAME	
STREET ADDRESS: 216 ST. JOHNS AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP: PALATKA FL		3.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARGILE, STEPHEN		4.2 NAME	
STREET ADDRESS: 2838 RIVERSIDE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: JAX FL 32205		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORVATH, ROXANNE		5.2 NAME	MORVATH, ROXANNE
STREET ADDRESS: 133 MARINE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP: ST AUGUSTINE FL 32084		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2-12-99 904 725-0055

CR2E034 (11/98)