


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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # FA60000006637
 1. Corporation Name
Stevenson & Palmer Engineering, Inc.

Principal Place of Business 2200 West Town Road Albany, GA 31707	Mailing Address P.O. Box 365 Albany, GA 31702
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
November 14, 1990

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

4. FEI Number 58-1917088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT Corporation System
 c/o CT Corporation System
 1200 South Pine Island Road
 Plantation, Florida 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (PO Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	STEVENSON, EARL JR	2430 HERODIAN WAY	SMYRNA, GA 30080	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Kenneth R. Hatcher	2200 West Town Road	Albany, GA 31707	C P D
2.1. TITLE	2.2. NAME	2.3. STREET ADDRESS	2.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1. TITLE	3.2. NAME	3.3. STREET ADDRESS	3.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1. TITLE	4.2. NAME	4.3. STREET ADDRESS	4.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1. TITLE	5.2. NAME	5.3. STREET ADDRESS	5.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1. TITLE	6.2. NAME	6.3. STREET ADDRESS	6.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Kenneth R. Hatcher (Kenneth R. Hatcher) 03/02/98 (912) 883-0332

CR2E034 (10/97)