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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>S35129</b> (3)		
1. Corporation Name <b>MCCREE ARCHITECTS AND ENGINEERS, INC.</b>		

Principal Place of Business <b>500 EAST PRINCETON STREET ORLANDO FL 32803</b>	Mailing Address <b>500 EAST PRINCETON STREET ORLANDO FL 32803</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/01/1991</b>		3a. Date of Last Report <b>05/24/1994</b>	
4. FEI Number <b>59-3074574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number <b>59-3074574</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCREE, RICHARD T. 500 EAST PRINCETON STREET ORLANDO FL 32803</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

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 \_\_\_\_\_  
Registration, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREE, A. GILBERT	1.2 NAME	DELETE
STREET ADDRESS	500 EAST PRINCETON ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T.	2.2 NAME	
STREET ADDRESS	500 EAST PRINCETON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOE O.	3.2 NAME	
STREET ADDRESS	500 EAST PRINCETON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PAUL C. AUSLEY, JR
STREET ADDRESS		4.3 STREET ADDRESS	500 E. PRINCETON STREET
CITY - ST - ZIP		4.4 CITY - ST - ZIP	ORLANDO, FL 32803
TITLE		5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	THOMAS F. GRIFFIN
STREET ADDRESS		5.3 STREET ADDRESS	500 E. PRINCETON STREET
CITY - ST - ZIP		5.4 CITY - ST - ZIP	ORLANDO, FL 32803
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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, or on an attachment with an address.

SIGNATURE:  RICHARD T. MCCREE 02/17/95 (407) 890-4821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.