

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 362174 (5)

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

3. Date Incorporated or Qualified: 04/06/1970
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1308643
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
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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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMPEL, PETER L.	12. NAME	
STREET ADDRESS	133 MARINE ST	13. STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE, FL.	14. CITY - ST - ZIP	
TITLE	VS	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNETT, THOMAS L.	22. NAME	
STREET ADDRESS	2220 ACADIE DR.	23. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24. CITY - ST - ZIP	
TITLE	VP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROBT. C.	32. NAME	
STREET ADDRESS	216 ST. JOHNS AVE.	33. STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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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 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, on an attachment with an address:

SIGNATURE: *T.L. McNett* T.L. MCNETT EXEC. V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

CR2E034 (12/95)