

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **362174** (5)  
1. Corporation Name  
**CRG ARCHITECTS/PLANNERS, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/06/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1308643	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCNETT, THOMAS L.</b> <b>2220 ACADIE DR</b> <b>JACKSONVILLE FL 32217</b>				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 607.0502 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 signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUMPEL, PETER L			1.2 NAME	CARGILE, STEPHEN E.		
STREET ADDRESS	133 MARINE ST			1.3 STREET ADDRESS	2838 RIVERSIDE AVE.		
CITY-ST-ZIP	ST. AUGUSTINE, FL.			1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32205		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCNETT, THOMAS L.			2.2 NAME	HORVATH, ROXANNE		
STREET ADDRESS	2220 ACADIE DR.			2.3 STREET ADDRESS	133 MARINE ST.		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084		
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		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 in hand-drawn, or on an attachment with an address.

SIGNATURE: *Thomas L. McNett* THOMAS L. MCNETT APR 21, 1998 (904) 725-0055

CR2E034 (10/97)