

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

FILED

**Mar 02 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 # P05124 (3)
1. Corporation Name
CARTER, DARNELL & GRUBBS ENGINEERS, INC.



Principal Place of Business 1840 HIGHWAY 29 NORTH P.O. BOX 278 ANDALUSIA AL 36420	Mailing Address 1840 HIGHWAY 29 NORTH P.O. BOX 278 ANDALUSIA AL 36420
---	---

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/26/1985	
4. FEI Number 63-0696876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REEVES, (RETIRED) COL. JACK
RT. 2 BOX 707
POINT WASHINGTON FL 32454**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, BOB	
STREET ADDRESS	111 ROSE DR.	
CITY-ST-ZIP	ANDALUSIA AL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DARNELL, PAUL E.	
STREET ADDRESS	690 MEADOWBROOK DR.	
CITY-ST-ZIP	ANDALUSIA AL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRUBBS, BILLY G.	
STREET ADDRESS	120 PACKER STREET	
CITY-ST-ZIP	ANDALUSIA AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PUGH, MARCUS K.	
STREET ADDRESS	407 CHAPMAN STREET	
CITY-ST-ZIP	ANDALUSIA AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DARNELL, PAUL E.	
1.3 STREET ADDRESS	609 MEADOWBROOK DR.	
1.4 CITY-ST-ZIP	ANDALUSIA AL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PUGH, MARCUS K.	
2.3 STREET ADDRESS	Route 10	
2.4 CITY-ST-ZIP	ANDALUSIA, AL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHEPARD, ROBERT	
3.3 STREET ADDRESS	306 EAST IDA AVE	
3.4 CITY-ST-ZIP	OPP, AL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE _____ DATE **2-17-98**

CR2E034 (10/97)