

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

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38878** (5)

1. Corporation Name
MCKIM & CREED ENGINEERS, P.A.

Principal Place of Business
**243 NORTH FRONT STREET
WILMINGTON NC 28401**

Mailing Address
**243 NORTH FRONT STREET
WILMINGTON NC 28401-3907**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1992		3a. Date of Last Report 04/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1292862		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CREED, MICHAEL W 483 SO NOVA ROAD ORMOND BEACH FL 32174				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 FL			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	V
NAME	CREED, MICHAEL W	1.2 NAME	Thomas A. Kohn
STREET ADDRESS	483 SO NOVA ROAD	1.3 STREET ADDRESS	7111 Grand National Dr, Suite 103
CITY-ST-ZIP	ORMOND BCH. FL	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VSD	2.1 TITLE	
NAME	MCKIM, HERBERT P	2.2 NAME	
STREET ADDRESS	243 N. FRONT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NC	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	THOMPSON, JOHN D	3.2 NAME	
STREET ADDRESS	243 N. FRONT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HALL, WILLIAM L JR	4.2 NAME	
STREET ADDRESS	243 N. FRONT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	STEVENS, DANIEL E.	5.2 NAME	
STREET ADDRESS	483 SO. NOVA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 or changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010363

CR2E034 (9/96)