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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S35129** (3)

1. Corporation Name

MCCREE ARCHITECTS AND ENGINEERS, INC.



Principal Place of Business

**500 EAST PRINCETON STREET
ORLANDO FL 32803**

Mailing Address

**500 EAST PRINCETON STREET
ORLANDO FL 32803**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

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9. Name and Address of Current Registered Agent

**MCCREE, RICHARD T.
500 EAST PRINCETON STREET
ORLANDO FL 32803**

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 607.1506, 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 of the person submitting this report as required by Section 607.0502, Florida Statutes.

Signature of the person submitting this report as required by Section 607.1506, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	☐ DELETE
NAME	AUSLEY, PAUL C. J	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	PCD	☐ DELETE
NAME	MCCREE, RICHARD T.	
STREET ADDRESS	500 EAST PRINCETON ST.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VSD	☐ DELETE
NAME	ROBERTSON, JOE O.	
STREET ADDRESS	500 EAST PRINCETON ST.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	GRIFFIN, THOMAS F.	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-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 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 on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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