


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90165 008 ***600.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S69323			
1. Corporation Name CRA ENGINEERING, INC.			
Principal Place of Business 1933 COMMONWEALTH LN TALLAHASSEE FL 32303-3196		Mailing Address 1933 COMMONWEALTH LN TALLAHASSEE FL 32303-3196	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/29/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3110203	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent CLARK, WILLIAM H. 1933 COMMONWEALTH LN TALLAHASSEE FL 32303		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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WILLIAM H	1.2 NAME	
STREET ADDRESS	4550 MILLWOOD LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIEELLI, MICHAEL A.	2.2 NAME	
STREET ADDRESS	275 JOHN KNOX RD APT 4101	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JoAnne L Lane
STREET ADDRESS		3.3 STREET ADDRESS	Rt 5 Box 5572
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Monticello FL 32344
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Clark 2/1/99 (850) 574.1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)