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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L87924

(1)

BURKETT CONTRACTING CORPORATION

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							i (BB)(B(t Såt (Bit) (Båta inite (1911 ata)	NAN MIRKE BIRKE MI	BII WIWII I	P1011 1501	
P.O. BOX 560953 P.O. BOX 560953											
ORLANDO FL S		ORLAN	IDO FL 32856-0953	1			İ				
							3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 06/14/1996			
2. Principal Pi	lace of Business	2a. Ma	ailing Address				4. FEI Number		Ap	plied For	
21		26	26				59-3018228 Not Applicable				
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional				
22		27	↓ <u></u>				5. Certailcate of status Desired Fee Required				
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			26				Trust Fund Contribution				
Zip	Country	⊢-ı Zır	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29		30			Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curr	ent Hegistere	a Agent	8	1 Nam	^	10. Name and Address of New Re	Jistered Ager	т		
	IS, CHARLES E			ľ	Nam	· ·					
218 ANNIE STREET						et Addre	Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32806				-						
				8	'						
				8	1 City			FL 85	Zip (Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.	1508, Florida Statu	ites, the abo	_L ve∙name	ed corpo	oration submits this statement for the p		_L nging it	s registered	
office or re	egistered agent, or both, in the Sta	to of Florida.	Such change was	authorized I	by the co	orporatio	oration submits this statement for the pon's board of directors. I hereby accept	t the appointr	nent as	registered	
	in janillar with, and accept the ob-	igations or, or	3C(10) 1 007 (0303) 1	ionda orator							
SIGNATURE	Signature, typed or printed name of registered	ngert and life it ap	ptrable (NC	01[: Registered A	gent signati	ure required	d when reinstating)	DATE			
12.		ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PST		DELETE	1.1 TRLE				IX)	Change	Addition	
NAME	Burkett, Kevin			1.2 NAM							
STREET ADDRESS	4439A OLD WINTER GARDE	n RD.		1.3 STRE	FT ADDRESS	s 11	O4 ATLANTA AVENUE				
CITY-ST-ZIP	ORLANDO FL 32811			1.4 CRY	ST - 7IP	OR	LANDO, FL 32806				
TITLE	D		☐ DELETE	2.1 TITLE				X.	Change	Addition	
NAME	Burkett, Kevin			2.2 NAM							
STREET ADDRESS	4439A OLD WINTER GARDE	n road		2.3 STRE	ET ADDRESS	s 11	04 ATLANTA AVENUE				
CITY-ST-ZIP	ORLANDO FL 32811			2 4 CITY	- \$1 - 7iP	OR	LANDO, FL 32806				
TITLE			DELETE	3.1 1ITLE					Change	Addition	
NAME				3.2 NAM							
STREET ADDRESS				3.3 STRE	ET ADDRES	s					
CITY-ST-ZIP				3.4. CITY	- ST - ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAM	E						
STREET ADDRESS				4.3 STRE	E1 ADDRES	s				ļ	
CITY-ST-ZIP				4.4 CITY	ST-ZIP			····			
TITLE			☐ D€LETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAM							
STREET ADDRESS				53 STRE	E1 ADDRES	S					
CITY-ST-ZIP				5.4 CITY	SI - ZIP						
TITLE			DELETE	61 TITLE					Change	Addition	
NAME,				6.2 NAM	E						
STREET ADDRESS				63 S1RE	et addres	s					
CITY-ST-ZIP				6.4 C/TY	-ST-ZIP						

14. Ido 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 project 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 ctyping 1, or our intrachment with an address