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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

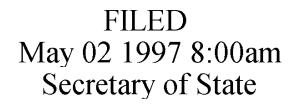
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

180356

(8)

JAMES BURT INC.





THIUDAI FIAC	e of Business	Mailing Address							
238 E DAVIS I TAMPA FL 330	BOULEVARD	238 E DAVIS BOULEVAR TAMPA FL 33606-3756	D	7					
				3. Date Incor	porated or Qualified		of Last R	eport	
2. Principal P	Place of Business	26. Mailing Address			4. FEI Number 59-078			Ar	oplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apl. #, etc.		_ 		of Status Desired	R	\$8.75	
City & Stat	te	City & State				ampaign Financing Contribution		\$5.00 Added	
Z(p)	Country 25	Zip 29	30 Cou	ntry		ration has liability for	intangible te		
<u>: </u>	9, Name and Address of Curre		1001			Address of New Re			
BUI	RT,JAMES T			81 Name					
	E. DAVIS BLVD.		}	82 Street Add	Iress (P.O. Box Nu	mber is Not Acceptat	ble)		
TAMPA FL 33606			į			Thou to the the september 1			
				83					
			Ì	84 City	······································		FL	65 Zip	Code
11 Ourcuput	to the provisions of Sections 607 0	502 and 607 1508 Florida State	tac the ah	ove-named cor	noretion submits t	nic statement for the	Purnose of c	banging if	le registered
	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change was igations of, Section 607.0505, F	authorized lorida Stati	d by the corpora utes.	ition's board of dire	ectors. I hereby accel	pt the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered a	igent and little if applicable (NC	TE: Registered	Agent signature requ	vired when reinstating)		DATE		
12.		ND DIRECTORS	13.		ADDITIONS	CHANGES TO OFFIC			
TIFLE	PTD	☐ DELETE	1.1 TIT	TE (L	Change	Addition
NAME	BURT, JAMES T		1.2 NA	ME					
STREET ADDRESS	238 E DAVIS BLVD		1 2 CT	REET ADDRESS					
			1.5 5(1	· · · · · · · · · · · · · · · · · · ·					
DITY-ST-7/P	TAMPA FL	El Driete	1.4 DII	TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Channe	Addition
TifLE	TAMPA FL V	DELETÉ	1.4 CIT 2.1 TIT	LE				Change	Addition
TITLE NAME	TAMPA FL V BURT, JAMES T., II	DELETE	1.4 CIT 2.1 TIT 2.2 NA	LE ME	·		<u> </u>	Change	Addition
TITLE NAME STREET ADDRESS	TAMPA FL V BURT, JAMES T., II 2604 WATROUS	DELETE	1.4 DII 2.1 TIT 2.2 NA 2.3 STI	LE ME AEET ADDRESS			T.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL V BURT, JAMES T., II 2604 WATROUS TAMPA FL	_	1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH	LE ME REET ADDRESS TY-ST-ZIP					
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THEE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	TAMPA FL V BURT, JAMES T., II 2604 WATROUS TAMPA FL V DENNISON, FRANK V.	DELETE	1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA	LE ME ARET ADDRESS TY-ST-ZIP LE ME					
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all annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that are outside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on the Lam an officer or director appears in Block 12 or B

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