


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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 238348 (7)			
1. Corporation Name BURT AND SCHELD, INC.			
Principal Place of Business 32176 ORMOND BEACH FL 32176 US		Mailing Address 140 SO. ATLANTIC AVENUE ORMOND BEACH FL 32176-6689 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
b. Name and Address of Current Registered Agent ORMOND RE GROUP, INC. 140 SOUTH ATLANTIC AVENUE ORMOND BEACH FL		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	BURT, W L		
STREET ADDRESS	140 S ATLANTIC AVE		
CITY- ST- ZIP	ORMOND BEACH FL		
TITLE	SVT	<input type="checkbox"/> DELETE	
NAME	LONG, WILLIAM T		
STREET ADDRESS	5 SHERWOOD DR		
CITY- ST- ZIP	ORMOND BEACH FL		
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	DEINER, JOHN		
STREET ADDRESS	140 S ATLANTIC AVE		
CITY- ST- ZIP	ORMOND BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE	SVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	DIPARDO, ANTHONY L.		
4.3 STREET ADDRESS	140 S. ATLANTIC AVE		
4.4 CITY- ST- ZIP	ORMOND BEACH, FL		
5.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	LEE, M.M.		
5.3 STREET ADDRESS	140 S. ATLANTIC AVE		
5.4 CITY- ST- ZIP	ORMOND BEACH, FL		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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 if changed, or on an attachment with an address.			
SIGNATURE: <u>William T. Long</u> William T. Long, Sr. VP & Treas. 4/3/97 (904) 677-4453			



CR2E034 (9/96)