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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED **PROFIT** Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 330660 (2) C.R. BURNETT & SONS, INC. Principal Place of Business Mailing Address 2118 · 7TH STREET 2118 - 7TH STREET PALMETTO FL 34221 PALMETTO FL 34221 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/28/1968 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1215397 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOLLIVER, BURNETT 103 L40 ST. CT. NW 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE -1997 SAME AS 1997 NAME BURNETT, TOLLIVER M 1.2 NAME 103 - 40TH ST., CT. N.W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TIT) E PDT **BURNETT, CECIL JR** NAME 2.2 NAME 7305 36TH AVE., E. STREET ADDRESS 2.3 STREET ADDRESS PALMETTO FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE BURNETT, IDELL C. NAME 3 2 NAME 2118-7TH ST STREET ADDRESS 3.3 STREET ADDRESS PALMETTO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME STRICKLAND, VERA JO 4.2 NAME STREET ADDRESS P.O. BOX 294-1620 BAYSHORE DR. 4.3 STREET ADDRESS TERRA CEIA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition **VD** STICKLAND, LEE NAME 5.2 NAME P.O. BOX 294-1620 BAYSHORE DR. STREET ADDRESS 5.3 STREET ADDRESS TERRA CEIA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

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