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

FILED FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS (5)DOCUMENT # 461560 W.A. BURNEY CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 837 ARTHUR MOORE DRIVE GREEN COVE SPRING FL 32043 637 ARTHUR MOORE DRIVE GREEN COVE SPRING FL 32043 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/23/1974 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1555540 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the oxigent year intanglible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BURNEY, W. A. 637 ARTHUR MOORE DRIVE Street Address (P.O. Box Number is Not Acceptable) **COVE SPRINGS FL 32043** 83 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) DÁTE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, Addition DELETE Change 1.1 TITLE TITLE BURNEY, W. A. NAME 1.2 NAME R2E034 637 ARTHUR MOORE DR. STREET ADDRESS 1.3 STREET ADDRESS G. COVE SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE MILE 21 TITLE BURNEY, DONALD 2.2 NAME NAME 637 ARTHUR MOORE DR. STREET ADDRESS 2.3 STREET ADDRESS G. COVE SPRINGS FL 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE BURNEY, CAROLYN 3.2 NAME NAME 637 ARTHUR MOORE DR. 3.3 STREET ADDRESS STREET ADDRESS G. COVE SPRINGS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-Zip CITY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME

**6.3 STREET ADDRESS** 

01/15/98 904/282-1004

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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STREET ADDRESS

CITY-ST-ZIP