

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532953 (7)

1. Corporation Name
JOHN L. BURKHEAD, INC.



Principal Place of Business Mailing Address
**6100 TRAVIS BYNUM RD
PO BOX 666
JAY FL 32565**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Organized **05/04/1977** 3a. Date of Last Report **05/01/1995**
4. FEIN Number **59-1738524** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BURKHEAD, JOHN L
203 PITNIC RD
PO BOX 666
JAY FL 32565**

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 607.02(2) and 607.150(1), 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 is approved by the corporation's board of directors, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.02(2), Florida Statute.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD [] DELETE
NAME BURKHEAD SR, JOHN L
STREET ADDRESS 203 PITNIC RD, POB 666
CITY-STATE-ZIP JAY FL
TITLE VM [] DELETE
NAME BURKHEAD JR, JOHN L
STREET ADDRESS 6150 TRVS BYNUM RD BX 666
CITY-STATE-ZIP JAY FL
TITLE ST [] DELETE
NAME BURKHEAD, EUVAUGHN
STREET ADDRESS 203 PITNIC RD, POB 666
CITY-STATE-ZIP JAY FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME [] Change [] Addition
13.2 STREET ADDRESS
13.3 CITY-STATE-ZIP
23.1 NAME [] Change [] Addition
23.2 STREET ADDRESS
23.3 CITY-STATE-ZIP
33.1 NAME [] Change [] Addition
33.2 STREET ADDRESS
33.3 CITY-STATE-ZIP
43.1 NAME [] Change [] Addition
43.2 STREET ADDRESS
43.3 CITY-STATE-ZIP
53.1 NAME [] Change [] Addition
53.2 STREET ADDRESS
53.3 CITY-STATE-ZIP
63.1 NAME [] Change [] Addition
63.2 STREET ADDRESS
63.3 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and data on this report is prepared and reported as 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 person or persons proposed to be added to this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as applicable, with an address.

SIGNATURE: *John L. Burkhead* 3/29/96 675-4678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)