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**Mar 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 # 532953 (7)

1. Corporation Name
JOHN L. BURKHEAD, INC.



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

Mailing Address: **6100 TRAVIS BYNUM RD PO BOX 666 JAY FL 32565-0666**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **05/04/1977**

3a. Date of Last Report: **04/02/1996**

4. FEI Number: **59-1738524**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BURKHEAD, JOHN L
203 PITNIC RD
PO BOX 666
JAY FL 32565**

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHEAD SR, JOHN L	1.2 NAME	
STREET ADDRESS	203 PITNIC RD, POB 666	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	
TITLE	VM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHEAD JR, JOHN L	2.2 NAME	
STREET ADDRESS	6150 TRVS BYNM RD BX 666	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHEAD, EUVAUGHN	3.2 NAME	
STREET ADDRESS	203 PITNIC RD, POB 666	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *John L. Burkhead Sr* 3/12/97 984675-4678

CR2E034 (9/96)