

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G06996 (4)**  
 1. Corporation Name  
**GENTRY ENGINEERING AND LAND SURVEYING, INC.**



Principal Place of Business <b>% BURLISON A. GENTRY</b> <b>P.O. BOX 243</b> <b>DELRAY BCH FL 33444-7243</b> <b>US</b>	Mailing Address <b>% BURLISON A. GENTRY</b> <b>P.O. BOX 243</b> <b>DELRAY BCH FL 33447-0243</b> <b>US</b>
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2. Principal Place of Business 21	2a. Mailing Address 2a
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>10/28/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2233432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>GENTRY, BURLISON A</b> <b>3816 NW 7TH CT</b> <b>DELRAY BCH FL 33445</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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		DELETED
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GENTRY, BARBARA LEE</b>	
STREET ADDRESS	<b>636 E. ATLANTIC AVE #111</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VDP</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTRY, BURLISON</b>	
STREET ADDRESS	<b>636 E. ATLANTIC AVE #111</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GENTRY, BARBARA LEE</b>	
STREET ADDRESS	<b>636 E. ATLANTIC AVE #111</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTRY, BURLISON</b>	
STREET ADDRESS	<b>636 E ATLANTIC AVE #111</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
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		CHANGED	ADDITION
1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Gentry, Burlison</b>		
1.3 STREET ADDRESS	<b>150 N.E. 6th Avenue</b>		
1.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>		
2.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Gentry, Burlison</b>		
2.3 STREET ADDRESS	<b>150 N.E. 6th Avenue</b>		
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>		
3.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Gentry, B. Alexander</b>		
3.3 STREET ADDRESS	<b>150 N.E. 6th Avenue</b>		
3.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>		
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Gentry, Burlison</b>		
4.3 STREET ADDRESS	<b>150 N.E. 6th Avenue</b>		
4.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Burlison A. Gentry, BURLISON A. GENTRY, P., 4/23/97 (561) 272-1924  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)