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

**PROFIT** CORPORATION. ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68335

(0)

**EXCLUSIVE CONTRACTORS, INC.** 

**FILED** Apr 15 1997 8:00am Secretary of State



| 22. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2345574  Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Burst Fund Contribution Trust Fund Contribution Prior Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of No. Name and Name and Na | lified 3a. Date of Last Report 01/24/1996    |
|--|--|
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  BURSE, LIZ HARVEY  277 10TH AVENUE  BARTOW FL 33830  BARTOW FL 33830  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent 1 arm farm har with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  PTD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  TILLE  PTD  BURSE, JASON C.  SIRRET ADDRESS  CHY-ST-ZIP  BARTOW FL 33830  DELETE  21 TILLE  DELETE  21 TILLE  South City-ST-ZIP  DILETE  21 TILLE  DELETE  21 TILLE   | Applied For                                  |
| Suite, Apt. #, etc.  22 City & State City & State City & State City & State Country Zip Name and Address of Current Registered Agent BURSE, LIZ HARVEY Z77 10TH AVENUE BARTOW FL 33830  81 Name 82 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B3 Street Address (P.O. Box Number is Not Acc B4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent age | Not Applicable                               |
| City & State  Country  Country  Country  Country  Country  Country  Country  S. This corporation has liability Florida Statutes  9. Name and Address of Current Registered Agent  BURSE, LIZ HARVEY 277 10TH AVENUE BARTOW FL 33830  81 Name  62 Street Address (P.O. Box Number is Not Accept the City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, bysich or profited maine of legistered agent and their applicable  PTD   DELETE   1.1 TITLE    BURSE, JASON C.   1.2 NAME    ROUTE 3 BOX 842   1.3 STREET ADDRESS    CTY-ST-ZP  DVS   DELETE   2.1 TITLE    DVS   DELETE   2.1 TITLE    Country   Zip Country   St. Times   Trust Fund Contribution Trust Comprision has liability   Trust Fund Contribution    Trust Fund Contribution   Trust Fund Contribution has liability   Florida Statutes    This corporation has liability   St. Times    Signature required when reinstating)    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO    THE PTD   DELETE   1.1 TITLE    DVS   DELETE   2.1 TITLE    This corporation has liability   St. Times    This corporation has  | \$8.75 Additional                            |
| Trust Fund Contribution  Zip Country Zip Country Zip Country 8. This corporation has liability Florida Statutes  9. Name and Address of Current Registered Agent 10. Name and Address of N | Fee Required                                 |
| Zip Country Zip Country Zip Country 2  | sing \$5.00 May Be Added to Fees             |
| PARTOW FL 33830  10. Name and Address of Name  |  |
| BURSE, LIZ HARVEY 277 10TH AVENUE BARTOW FL 33830  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typicd or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO  TILLE  NAM: BURSE, JASON C. 1.2 NAME SIRIER ADDRESS CTH-ST-ZIP BARTOW FL 33830 1.4 CITY-ST-ZIP  TILLE  DVS  10. Name and Address of No.  81 Name  Note Address (P.O. Box Number is Not Acc.  82 Street Address (P.O. Box Number is Not Acc.  83 Name  NOTE Registered Agent signature required when reinstating) 1.2 NAME 1.3 STREET ADDRESS CTH-ST-ZIP  DVS  1.4 CITY-ST-ZIP  DVS  2.1 TITLE  DVS  | Yes No                                       |
| 277 10TH AVENUE BARTOW FL 33830  82 Street Address (P.O. Box Number is Not Acc 83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent 1 am farm liar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typical or printed name of registered agent and title if applicable  (NOTE Registered Agent aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  TIRLE  PTD DELETE  1.1 TITLE  SIRRET ADDRESS  CTY-ST. ZIP  BARTOW FL 33830  14 CITY-ST-ZIP  DELETE  2.1 TITLE  DVS   | ew Registered Agent                          |
| BARTOW FL 33830  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  III.E  PTD  DELETE  1.1 TITLE  NAME  SIREFI ADDRESS  CITY-ST-ZIP  BARTOW FL 33830  1.4 CITY-ST-ZIP  DVS  DELETE  2.1 TITLE  2.1 TITLE  DVS   |  |
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| NAME         BURSE, JASON C.         1.2 NAME           STREF1 ADDRESS         ROUTE 3 BOX 842         1.3 STREET ADDRESS           CTY-ST-ZIP         BARTOW FL 33830         1.4 CITY-ST-ZIP           TITLE         DVS         DELETE         2.1 TITLE  | OFFICERS AND DIRECTORS IN 12  Change Additio |
| CTY+SF-ZIP   | <b>— ·</b> —                                 |
| THE DVS DELETE 2.1 TITLE   |  |
| NAME BURSE, LIZ HARVEY 22 NAME   | Change Addition                              |
|  |  |
| STREET ADDRESS ROUTE 3 BOX 842 23 STREET ADDRESS   |  |
| CITY ST-ZIP BARTOW FL 33830 2 4 CiTY-ST-ZIP  |  |
| TITLE DELETE 31 TITLE  | Change                                       |
| NAME 32 NAME   |  |
| STREET ADDRESS 3.3 STREET ADDRESS  |  |
| CITY - ST - ZIP  | Change Later                                 |
|  | L Change L Addition                          |
| NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADORESS   |  |
| STREET ADORESS CHY-ST-ZIP 4.4 CHY-ST-ZIP   | •  |
| TIELE DELETE 5.1 TITLE   | Change Addition                              |
| NAME 52 NAME   | _ · · · · _ · · · _ · · · ·                  |
| STREET ADDRESS 5.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |  |
| THE DELETE 61 TITLE  | ☐ Change ☐ Addition                          |
| NAME 62 NAME   |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |  |
| CITY-SI-ZIP  64 CITY-SI-ZIP  64 CITY-SI-ZIP  65 CITY-SI-ZIP  |  |

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 eath; 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.

LIZ HARVEY BURSE SECRETARY

GNATURE:

GNATURE:

SIGNATURE:

Daytime Phone #