

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90110 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G70995

1. Corporation Name
BURNETT CONSTRUCTION, INC.

Principal Place of Business
**1639 BAYSHORE BLVD
DUNEDIN FL 34698**

Mailing Address
**1639 BAYSHORE BLVD
DUNEDIN FL 34698**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/21/1983	
4. FEI Number 59-2344997		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BURNETT, MARJORIE 1639 BAYSHORE BLVD. DUNEDIN FL 34698			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 607.0502 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		Signature, typed or printed name of registered agent, and title if applicable		(NO) E: Registered Agent signature required when reinstating		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PS	<input type="checkbox"/> DELETE					
NAME	BURNETT, MARJORIE						
STREET ADDRESS	1639 BAYSHORE BLVD						
CITY-STATE-ZIP	DUNEDIN FL						
TITLE	V	<input type="checkbox"/> DELETE					
NAME	BURNETT, GREGORY						
STREET ADDRESS	1639 BAYSHORE BLVD						
CITY-STATE-ZIP	DUNEDIN FL						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE		<input type="checkbox"/> DELETE					
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STREET ADDRESS							
CITY-STATE-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-STATE-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME							
13 STREET ADDRESS							
14 CITY-STATE-ZIP							
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME							
23 STREET ADDRESS							
24 CITY-STATE-ZIP							
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
32 NAME							
33 STREET ADDRESS							
34 CITY-STATE-ZIP							
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
42 NAME							
43 STREET ADDRESS							
44 CITY-STATE-ZIP							
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
52 NAME							
53 STREET ADDRESS							
54 CITY-STATE-ZIP							
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
62 NAME							
63 STREET ADDRESS							
64 CITY-STATE-ZIP							

14. I 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 any attachment with an address, with all other like empowered.

SIGNATURE:

Marjorie Burnett

MARJORIE BURNETT

Date

4/20/99

Daytime Phone #

227 731 9733

CR2E034 (11/98)