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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT\_OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H491  BURROUGHS CONSTRUCTION	` '			
Principal Place of Business	Mailing Address	S TRANSLU BINT BIRNE KANDE TABLU ARBIT AYOU BIRNI BIRNI QURIN RIBIN QURIN BIRNI QURIN BIRNI QURIN BIRNI QURIN BIRNI		
C/O WALTER L. SCHAFER. JR. 6 BAYWOOD DRIVE PALM HARBOR FL 34683	C/O WALTER L. SCHAFER. JR. 6 BAYWOOD DRIVE PALM HARBOR FL <b>34</b> 683	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/01/1985		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For		
21	26	<b>59-2530125</b> Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required		
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 25	29 30	buntry  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent		
SCHAFER, WALTER L., JR.		81 Name		
2431 ESTANCIA BLVD BLDG C CLEARWATER FL 34621-9608		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
1		84 City 85 Zin Corio		

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, or both the obligations of Section 607.0502 and 607.1508, Florida Statutes, and section 607.0502 are section 607.0503 and 607.1508.

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 til	llo il applicable. (NOT	E: Registered Agent signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DPT	DELETE	1.1 TOTLE		Change	Addition		
NAME	<b>BURROUGHS, RICHARD E.</b>		1.2 NAME					
STREET ADDRESS	6 BAYWOOD DRIVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP					
TITLE	DVS	DELETE	2.1 TITLE		Change	Addition		
NAME	<b>BU</b> RROUGHS, KAREN L.		2.2 NAME					
STREET ADDRESS	6 BAYWOOD DRIVE		2 3 STREET ADDRESS			,		
CITY-ST-ZIP	PALM HARBOR FL		2. 4 CITY - ST - ZIP					
TITLE		☐ DELE1E	3.1 TITLE		☐ Change	Addition		
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - S1 - ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u> </u>			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			52 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			i		
CITY+ST-ZIP			5.4 CITY - \$1 - ZIP					
TITLE		DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0 - 1 - 10 0 TIDE 5				

I hereby certify that the information supplied with this fiting 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.

7/2/98 (727) 924-1332

**FILED** 

Aug 20 1998 8:00am

Secretary of State