

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H98856** (8)

1. Corporation Name
BURNS OF BAY COUNTY, INC.

Principal Place of Business P.O. BOX 208 21906 FRONT BEACH ROAD SUNNYSIDE FL 32461 US	Mailing Address P.O. BOX 208 SUNNYSIDE FL 32461-0208 US
---	---



2. Principal Place of Business 21 21906 Front Beach Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 08/08/1996
22 City & State 23 Panama City Beh FL	27 City & State	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
24 32413 Zip	25 USA Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 Zip	27 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 Zip	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ISLER, CHARLES S III 434 MAGNOLIA AVENUE PANAMA CITY FL 32401	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 text, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BURNS, ROY JR.	1.2 NAME	
STREET ADDRESS	P.O. BOX 549 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNNYSIDE FL	1.4 CITY - ST - ZIP	Sunnyside FL 32461
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BURNS, ROY III	2.2 NAME	
STREET ADDRESS	P.O. BOX 208	2.3 STREET ADDRESS	N/A (PO BOX 208)
CITY - ST - ZIP	SUNNYSIDE FL	2.4 CITY - ST - ZIP	Sunnyside FL 32461
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BURNS, WILLIAM W	3.2 NAME	
STREET ADDRESS	118 VENADO PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH FL	3.4 CITY - ST - ZIP	Panama City Beh FL 32413
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 **904 234 9860**

CR2E034 (9/96)