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

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)BURNETT GROVES, INC. Principal Place of Business Mailing Address % PERRY ROAD % PERRY ROAD ROUTE 2, BOX 624-A ROUTE 2. BOX 624-A AVON PARK FL 33825 DO NOT WRITE IN THIS SPACE AVON PARK FL 33825 3. Date Incorporated or Qualified 04/25/1986 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 59-2252173 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28  $\Box$ Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BURNETT KATHRYN PERRY ROAD Street Address (P.O. Box Number is Not Acceptable) \_---ROUTE 2, BOX 624-A 83 **AVON PARK FL 33825** 84 City Zip Code 85 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. (NOTE. Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Addition NAME BURNETT, ROBERT W. 1.2 NAME R2E034 PERRY ROAD STREET ADDRESS 1.3 STREET ADDRESS AVON PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME BURNETT, KATHRYN W. 2.2 NAME STREET ADDRESS PERRY ROAD 2.3 STREET ADDRESS AVON PARK FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition BURNETT, ROBERT W. JR. NAME 3.2 NAME HIGHWAY 64, EAST STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP WAUCHULA FL 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition | WHITTINGTON, DONNA B. NAME 4. 2 NAME STREET ADDRESS 4904 CRICKET DRIVE 4.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP \_\_\_ DELETE TITLE Change 6.1 TITLE \_\_\_ Addition NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

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Block 12 or Block 13 if charged, or on an anather with an address.

SIGNATURE: