

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K67474 (2)  
1. Corporation Name  
CONSTRUCTION BURNING, INC.



Principal Place of Business  
16351 OLD US 41  
FT MYERS FL 33912  
US

Mailing Address  
PO BOX 1584  
FT MYERS FL 33902  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P. O. Box 176		02/15/1989	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Ft. Myers, FL		65-0138746	
24 Country		29 33902-0176		Applied For	
		30 USA		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes No	

9. Name and Address of Current Registered Agent

LAUSE, CAROLYN, M  
18021 TRAVERSE DR  
ALVA 33920

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Carolyn M. Lause

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LAUSE, TIMOTHY B. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUSE, TIMOTHY B.	1.2 NAME	
STREET ADDRESS	3480 METRO PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D LAUSE, JOHN T. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUSE, JOHN T.	2.2 NAME	
STREET ADDRESS	3480 METRO PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D CARRAWAY, ROY A. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAWAY, ROY A.	3.2 NAME	
STREET ADDRESS	3480 METRO PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
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 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.

CP2E034 (10/97)