

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
AND A. A. HENRY
1995



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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 10 1995

APPROVED
AND
FILED

DOCUMENT # L43673

(7)

55 MAY 10 AM 10:35

BURRELL CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

% D. JAMES BURRELL
1102 WILLIAMS AVE
LEHIGH FL 33906

% D. JAMES BURRELL
1102 WILLIAMS AVE
LEHIGH FL 33906

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation		3a. Date of Last Report	
01/19/1990		05/17/1994	
4. FE Number		Applied For	
59-2744275		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	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BURRELL, D. JAMES 1102 WILLIAMS AVE LEHIGH FL 33906		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. Pursuant to the provisions of sections 199.031 and 199.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 aware with and accept the responsibility as set forth in section 199.032, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD BURRELL, D. JAMES 1102 WILLIAMS AVE LEHIGH FL	1. NAME	☐ Change ☐ Addition
NAME	VD BURRELL, JAMES D. 1102 WILLIAMS AVE LEHIGH FL	2. NAME	☐ Change ☐ Addition
NAME	STD BURRELL, SANDRA 1102 WILLIAMS AVE. LEHIGH FL	3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with the filing is voluntarily furnished and is not required by the exemption stated in law. I have read the Florida Statutes, Chapter 199, and I have signed the report as required by Chapter 199, Florida Statutes, and I have signed the report as required by Chapter 199, Florida Statutes, and I have signed the report as required by Chapter 199, Florida Statutes.

SIGNATURE:

Sandra Burrell Sec. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

May 5, 1995

813-369-6632