FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L43673** **(7)**

1. Corporation Name
BURRELL CONSTRUCTION, INC.

Principal Place of Business
% D. JAMES BURRELL
1102 WILLIAMS AVE
LEHIGH FL 33936

Mailing Address
% D. JAMES BURRELL
1102 WILLIAMS AVE
LEHIGH FL 33936

3. Date Incorporated or Qualified: 01/19/1990
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-2744275 ☐ Applied For ☐ 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

2. Principal Place of Business
21 820 CANTON AVE.
Suite, Apt. #, etc.
22
City & State
23 LEHIGH, FL
Zip 24 33936 Country 25 LEE

2a. Mailing Address
26 820 CANTON AVE
Suite, Apt. #, etc.
27
City & State
28 LEHIGH FL
Zip 29 33936 Country 30 LEE

9. **Name and Address of Current Registered Agent**

BURRELL, D. JAMES
1102 WILLIAMS AVE
LEHIGH FL 33936

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BURRELL, D. JAMES	
STREET ADDRESS	1102 WILLIAMS AVE	
CITY-ST-ZIP	LEHIGH FL	
TITLE	VD	☐ DELETE
NAME	BURRELL, JAMES D.	
STREET ADDRESS	1102 WILLIAMS AVE	
CITY-ST-ZIP	LEHIGH FL	
TITLE	STD	☐ DELETE

ENCLOSING $8.75 FOR A CERTIFICATE OF STATUS
SEND TO:
D. JAMES BURRELL
820 CANTON AVE.
LEHIGH FL 33936

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME		☐ Change ☐ Addition
1.3 STREET ADDRESS	820 CANTON AVE.	
1.4 CITY-ST-ZIP	LEHIGH FL 33936	
2.1 TITLE / 2.2 NAME		☐ Change ☐ Addition
2.3 STREET ADDRESS	820 CANTON AVE	
2.4 CITY-ST-ZIP	LEHIGH FL 33936	
3.1 TITLE / 3.2 NAME		☐ Change ☐ Addition
3.3 STREET ADDRESS	820 CANTON AVE.	
3.4 CITY-ST-ZIP	LEHIGH FL 33936	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. ...nly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ...tal annual report is true and accurate and that my signature shall have the same legal effect as if made under ...r trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name ...en address.

TKS - SANDRA

SIGNATURE: Sandra Burrell STD - SANDRA BURRELL - STD 4-24-96 941-368-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

CR2E034 (12/95)