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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCU 1. Corporation		STATE OF THE STATE	N OF CORPORATIONS			
	MENT # P29	823 (2	?)			
BURT	ON REALTY AND AUCT	•	•			
·				T ARDELAND NO MAKAT KANAT KANAR MAK	FA (III) DJAJI BIBLI BIBLI B]## 010# 010# 100
Principal Place	of Business	Mailing Address			HE KAN BURN GURUN GURUN B	
PO BOX 792 Ouitman ga 31643		PO BOX 792 Quitman ga 316	143			
2. Principal Pla	ace of Business			 Date Incorporated or Qualified 06/15/1990 	3a. Date of Last 07/05/1	
1	500 D. 2503(1633	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc		58-1857557		Not Applicabl
City & State		27		5. Certificate of Status Desired		5 Additional
3		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.0	Required May Be
Zip 	Country	Zip	Country	8. This corporation has liability for in	Add	ed to Fees
<u> </u>	9. Name and Address of Cu	rrent Bagistored Asset	30	Florida Statutes Yes	□No	5 199.032,
		Tone registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
HARRISO	ON, MURRAY W.					
RT 2 BO			82 Street Add	dress (P.O. Box Number is Not Acceptable	9)	
BOWLIN	G GREEN FL 33834		83			
			84 City			
	the provisions of Spatiana 607 or					ip Code
1. Pursuant to						
1. Pursuant to or registered familiar with	d agent, or both, in the State of F	502 and 607.1508, Florida Stat Iorida, Such change was autho	tutes, the above-named corporation's box	oration submits this statement for the purp	ose of changing its	registered office
	d agent, or both, in the State of F i, and accept the obligations of, S	502 and 607.1508, Florida Stat lorida. Such change was autho lection 607.0505, Florida Statur	tutes, the above-named corporized by the corporation's boates.	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered offici d agent. I am
GNATURE	grature, typed or printed name of registered a	good and tale if applicable	tes.	markey accept the uppoin	nonent as registered	registered offic d agent. I am
GNATURE s	grature, typed or printed name of registered at OFFICERS (gend and their applicance AND DIRECTORS	tutes, the above-named corporated by the corporation's box tes. (NOTE Registered Agent signature require	red when reinstaling)	DATE	u agent. I an)
GNATURE	gruture, typed or printed name of registered a OFFICERS /	gand and the Papalication AND DIRECTORS	(NOTE Fragistics of Agent signature require 13. 1.1 TITLE	markey accept the uppoin	DATE	DRS IN 12
GNATURE SI	OFFICERS OF BURTON, STEPHEN F., SI	gand and the Papalication AND DIRECTORS	(NOTE Progretared Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstaling)	DATE ERS AND DIRECTO	u agent. I an)
IGNATURE: SI 2. TLE AME REET ADDRESS	gruture, typed or printed name of registered a OFFICERS /	gand and the Papalication AND DIRECTORS	(NOTE: Progistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12
GNATURE SI	PD BURTON, STEPHEN F., SI PO BOX 792 N/A QUITMAN GA	gand and the Papalication AND DIRECTORS	(NOTE Progistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12
IGNATURE SI 2. TLE AME REET ADDRESS IY-ST-ZIP LE ME	OFFICERS / PD BURTON, STEPHEN F., SI PO BOX 792 N/A QUITMAN GA VSTD BURTON, MARJORIE L.	AND DIRECTORS DELETE R.	(NOTE: Progistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12
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GNATURE SI 2. CLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	OFFICERS / PD BURTON, STEPHEN F., SI PO BOX 792 N/A QUITMAN GA VSTD BURTON, MARJORIE L.	gold and the Paylicable AND DIRECTORS DELETE DELETE	(NOTE Progistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12
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SIGNATURE:

Henting BLS, Stephen F Burton Sr 5-20-96 912263 9202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR