PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporation Name
BURNETT & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4458 HUNTERS HARVEN LN E ~~#1165~~ JACKSONVILLE FL 32224 US	4458 HUNTERS HAVEN LN E ~~#1165~~ JACKSONVILLE FL 32224-6643 US

Date Incorporated or Qualified: 04/05/1993
Date of Last Report: 06/17/1996
FEI Number: 59-3171302 — Applied For / Not Applicable
Certificate of Status Desired ☐ $8.75 Additional Fee Required
☐ $5.00 May Be Added to Fees

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

BURNETT, DEBBIE
4458 HUNTERS HAVEN LANE E
~~#1165~~
JACKSONVILLE FL 32224

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

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 — DATE

OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	BURNETT, DEBBIE		1.2 NAME
STREET ADDRESS	4458 HUNTERS HAVEN LANE E		1.3 STREET ADDRESS 500002229245--7
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP -07/02/97--01080--007 ****165.00 ****165.00
TITLE		☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

6-30-97

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 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 [illegible] or on an attachment with an address