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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092728 (1)

MARSHALL, BURKETT & ASSOCIATES, INC.

A PARTICADA DIA TARAK ARKIN MARIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKAN ARKAN ARKAN ARKIN ARKIN ARKIN ARKI

FILED

Apr 25 1997 8:00am

Secretary of State

Princ pal Place of Business Mailing Address 4355 HANCOCK BRIDGE PKWY. 4355 HANCOCK BRIDGE PI NORTH FT. MYERS FL 33803 NORTH FT. MYERS FL 338							
					3. Date Incorporated or Qualified 12/04/1995	3a, Date of La: 05/01/199	
2. Principal Place of Business 2a. Mailing Ac 21 26		2a. Mailing Address	Address		4, FEI Number 65-0616208	Applied For Not Applicable	
Suite, Apt #, etc Suite, Apt #, 22					5. Certificate of Status Desired		5 Additional Required
City & St 23	tato	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip 29	Cour 30	try	8. This corporation has liability for i Florida Statutes	ntangible tax und Yes No	er s. 199.032,
		of Current Registered Agent			10, Name and Address of New Re	istered Agent	
	JRKETT, WAYNE D		ľ	Name			•
4355 HANCOCK BRIDGE PKWY. NORTH FT. MYERS FL 33903				- K	ess (P.O. Box Number is Not Acceptable)		
			Į.	33			
			[Gity		FL 85	Zip Code
office o	ir registered agent, or both, in I I am familiar with, and accept (the State of Florida. Such change with abligations of, Section 607.0505	vas authorized 5, Florida Statu	by the corpora les.	poration submits this statement for the p tition's board of directors. I hereby accep trea when reinstating)		
12.	OFFIC	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 T)T)	E		Char	nge 🔲 Addition
NAME	BURKETT, WAYNE D		1.2 NA)	AE .			
STREET ADDRES			1.3 STF	EET ADDRESS			
CHY-SI-2d	CAPE CORAL FL 33914			r-ST-ZIP			
TITLE	D	☐ DELETE	2.1 7(1)	E		☐ Chan	nge 🔲 Addition
NAME	BURKETT, LEOTA R		2.2 NA	AE			
STREET ADDRES			2.3 STA	EET ADDRESS			
CITY - S1 - ZIP	CAPE CORAL FL	DELETE		Y-ST-ZIP			
TILE		LJ DECEIE	1	1		L_ Char	nge Addition
NAME STREET ADDRES	200		3.2 NA/	EET ADDRESS			
CITY ST-ZIP	P.O.			Y-ST-ZIP			
lilli	····	DELETE		· · · · · · · · · · · · · · · · · · ·		☐ Char	nge Addition
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STREET ADORES	SS			EET ADDRESS			
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TIELF	/	DELETE				☐ Char	nge Addition
NAME			5.2 NAI	#E			
STREET ADDRES	s5		5.3 \$TF	EET ADDRESS			
CITY - \$1 - ZIP				Y-ST-ZIP			
1011		☐ DELETE	6 1 TIT	E		☐ Char	nge 🔲 Addition
NAME			62 NA	AE			
STREEL ADDRES	55		6.3 STF	EET ADDRESS			
	i .						

64 CITY-ST-ZIP

14. I do 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

SIGNATURE: