FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037579 (5)

BURNING BARN ENTERPRISES, INC.

Principal Place of Business Mailing Address 8837 BRYANT ROAD 8837 BRYANT ROAD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0661470 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 29 25 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MILLS. MELAINE C 8837 BRYANT ROAD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33809 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PST 1.1 TITLE Change Addition TITLE NAME MILLS, MELAINE C 1.2 NAME CR2E034 8837 BRYANT ROAD STREET ADDRESS 1.3 STREET ADDRESS

LAKELAND FL 33809 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE NAME MILLS, GLENN E 2.2 NAME 8837 BRYANT ROAD 2.3 STREET ADDRESS STREET ADORESS LAKELAND FL 33809 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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 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 of 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| Compared | Com

Glenn E Mills

4-28-98

FILED

May 08 1998 8:00am

Secretary of State