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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090017 (0)

CURINGTON AND BURNS, INC.

Principal Place of Business Mailing Address 2652 N.E. 24TH STREET 2652 N.E. 24TH STREET OCALA FL 34470-3938 OCALA FL 34470 3. Date incorporated or Qualified 3a. Date of Last Report 11/01/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 340474 21 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 28 Trust Fund Contribution Added to Fees Žip Country Country This corporation has liability for inta gible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BURNS, ROBERT 2652 N.E. 24TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34470** 83 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 tyle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. Change DELETE Addition TITLE 1.1 1111.6 D BURNS BURNS, ROBERT 1.2 NAME NAME 2652 N.E. 24TH STREET STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 1011 F JOHN CURINGTON **CURINGTON, JOHN** 2.2 NAME NAME 2652 N.E. 24TH STREET STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 34470 2. 4 CITY-ST-ZiP CITY-ST-ZIP DELETE Addition TITLE 3.1 HILE NAME **CURINGTON, DAN** 3.2 NAME DAN CURINGTON **2852 N.E. 24TH STREET** STREET ADDRESS 3.3 STREET ADDRESS **OCALA FL 34470** CITY+ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 101LE TRENE BURNS 4. 2 NAME 2652 NE 24 ST STREET ADDRESS 4.3 STREET ADDRESS OCALA FL 34470 4.4 CITY - ST - ZIP CITY+ST-7IP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

54 CITY-ST-7/P

6.3 STREET ADDRESS 6.4 C(1Y - \$1 - Z(P)

61 HTLE

6.2 NAME

DELFTE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

4-25-97

Addition

FILED

May 01 1997 8:00am

Secretary of State