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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094926 (8)

1. Corporation Name

~~BURTON & SHERMAN, P.A.~~

BURTON, MURPHY & SHERMAN, P.A. NC  
3-24

Principal Place of Business

100 S. ASHLEY DRIVE  
SUITE 2200  
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DRIVE  
SUITE 2200  
TAMPA FL 33602-5311

3. Date Incorporated or Qualified

12/01/1986

3a. Date of Last Report

2. Principal Place of Business

21 101 E. KENNEDY BLVD

2a. Mailing Address

26 P.O. BOX 172069

4. FEI Number

59-3410207

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

Suite, Apt. #, etc.

22 1165

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33602

Country

25 USA

Zip

29 33672

Country

30 USA

9. Name and Address of Current Registered Agent

BURTON, STEVEN G ESQ  
100 S. ASHLEY DRIVE  
SUITE 2200  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 STE 1165

84 City

TAMPA

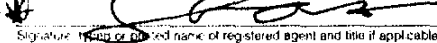
FL

85 Zip Code

33602

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



STEVEN G. BURTON



4-8-97

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURTON, STEVEN G  
100 S. ASHLEY DRIVE  
TAMPA FL 33602

☐ DELETE

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
101 E. KENNEDY BLVD., # 1165  
TAMPA, FL 33602

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \*

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVEN G. BURTON

Date

Daytime Phone #

CR2E034 (9/96)