

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102184 (4)

1. Corporation Name

DAVE A. BURNS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

511 SURREY STREET  
FT. LAUDERDALE FL 32547

511 SURREY STREET  
FT. LAUDERDALE FL 32547-2647



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 511 Surrey St.		26 511 Surrey St.		12/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3416014	Not Applicable
City & State		City & State		6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ft. Walton Beach, FL		28 Ft. Walton Beach, FL		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 32547		29 32547		Trust Fund Contribution	<input type="checkbox"/>
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	1.1 TITLE	<input type="checkbox"/> DELETE
NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	2.1 TITLE	<input type="checkbox"/> DELETE
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	3.1 TITLE	<input type="checkbox"/> DELETE
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	<input type="checkbox"/> DELETE
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	<input type="checkbox"/> DELETE
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	<input type="checkbox"/> DELETE
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dave A. Burns	
1.3 STREET ADDRESS	511 Surrey St.	
1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerry Pfeiffer	
2.3 STREET ADDRESS	1686 Glenwood Ct.	
2.4 CITY-ST-ZIP	Niceville, FL 32578	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard D. Chavers	
3.3 STREET ADDRESS	2111 Bayshore Dr.	
3.4 CITY-ST-ZIP	Niceville, FL 32578	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Secretary 4-29-97 904-833-1089

CR2E034 (9/96)