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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102184

DAVE A. BURNS CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address			(ilis e il ee t isool	INCH DIOLERAL
511 SURREY STREET FT WALTON BEACH FL 32547 US		511 SURREY STREET FT WALTON BEACH FL 32547 US		DO NOT WRITE IN THIS	SPACE		
03					3. Date Incorporated or Qualifed		
					12/18/1996		
Principal Place of Business Za. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-3416014	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27	27		Certificate of Status Desired	Fee Re	aquired
City & State	e	City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution		to Fees	
Zip	Country		Zip - · — — — — Country		8: This corporation owes the current year inta		⊠ No
24	25 29 30		0]		Personal Property Tax. 10. Name and Address of New Registered A	☐ Yes	1240
	9. Name and Address of Curre	int Registered Agent	81	Name	Name and Address of New Registered P	gent	
BURNS, MICHELE							
4 LAGUNA STREET, SUITE 101 FT. WALTON BEACH FL 32548			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	FL	85 Zip (Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was auth	nonzed by	the corporat	poration submits this statement for the purpose of cition's board of directors. I hereby accept the appoin	:hanging its tment as re	registered gistered
SIGNATURE							
12.	Signature, typed or printed name of registered ag		egistered Ager	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DDIRECTO	ORS IN 12
-	P OFFICERS A	AND DIRECTORS	1.1 TITLE		ABBITION OF THE PROPERTY OF TH	Change	Addition
TITLE NAME	Burns, dave a		1.2 NAME	1			
STREET ADDRESS	511 SURREY STREET		1	T ADDRESS			
	FT WALTON BEACH FL		1.4 CITY+S				ľ
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE	1-219		☐ Change	Addition
NAME	BURNS, MICHELE E		22 NAME				_
STREET ADDRESS	511 SURREY STREET			T ADDRESS			
CITY-ST-ZIP	FORT WALTON FL		2.4 CITY-S				
TITLE	VP	☐ DELETE	3.1 TITLE	71-EII		Change	☐ Addition
NAME	CHAVERS, RICHARD D		3.2 NAME		مودد سفايد الماسيان بيان الموال		
STREET ADDRESS	2111 BAYSHORE DRIVE		3.3 STREE	TADDRESS			ſ
CITY-ST-ZIP	NICEVILLE FL		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS				T ADDRESS			ŀ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850 862-6692