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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # V03668

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

Suite, Apt. #, etc.

City & State

Zip

29

BURKETT ENGINEERING & FABRICATION, INC.

Country

9. Name and Address of Current Registered Agent

25

**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

402 425 9044

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

12/30/1991 4. FEI Number

59-3114622

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

PHALIN, LAWRENCE J.			81	Name					
SUITE 600			82	Street Address (P.O. Box Number is Not Acceptable)					
225 EAST ROBINSON STREET									
ORLANDO FL 32801			83						
			84	City		85	Zip C	nde	
				FL 100 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 DIF		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12	
TITLE	D		1.1 TITLE			Cha		☐ Addition	
NAME	BURKETT, J. RONALD	į.	1.2 NAME					1	
STREET ADORESS	1845 LAKE EMMA ROAD	1.	1,3 STREET	ADDRESS				}	
CITY-ST-ZIP	LONGWOOD FL	į.	1.4 CITY-S	f-ZIP					
TITLE	D	DELETE 2	2.1 TITLE			Cha	inge	Addition	
NAME	BURKETT, PATRICIA A.	1	2.2 NAME		f				
STREET ADDRESS	1845 LAKE EMMA ROAD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL	<b>.</b> :	2. 4 CITY - S	T-ZIP					
TITLE		DELETE 3	3.1 TITLE			Cha	inge	Addition	
NAME		្ទ	3.2 NAME						
STREET ADDRESS		្	3.3 STREET ADDRES						
City-St-ZiP			3.4. CITY - S	T-ZIP					
TALE		DELETE 4	4.1 TITLE			Cha	inge	Addition	
NAME			4. 2 NAME		1				
STREET ADDRESS			4.3 STREET .	ADDRESS	,				
CITY-ST-ZIP			4.4 CITY - S1	- ZIP					
TITLE		☐ DÉLETE	5.1 TITLE			Cha	សជិច	Addition	
NAME			5.2 NAME					ĺ	
STREET ADDRESS		. 6	5.3 STREET	ADDRESS					
CITY - ST - ZIP			5.4 CITY-S1	- ZIP					
TITLE		DELETE 6	5.1 TITLE			☐ Cha	nge	Addition	
NAME		. e	6.2 NAME		'				
STREET ADDRESS		6	6.3 STREET .	ADDRESS				[	
CITY-ST-ZIP			6.4 CITY - S1						
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 suppliemental 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.									

Country

81 Name

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