FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54654** **(1)**

1. Corporation Name

BURTTRAM, INC.

Principal Place of Business	Mailing Address
3590 N.W. COUNTY HIGHWAY 326 OCALA FL 34475-2324	3590 N.W. COUNTY HIGHWAY 326 OCALA FL 34475-2324

3. Date Incorporated or Qualified: 07/28/1992
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 1516 SW 12th Street	26 1516 SW 12th. Street
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 Ocala, Florida	28 Ocala, Florida
24 Zip 34474 / 25 Country USA	29 Zip 34474 / 30 Country USA

4. FEI Number: 59-3135275 ☐ Applied For ☐ Not Applicable

5. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURTTRAM, JUDY E. **3590 N.W. COUNTY HIGHWAY 326** **OCALA FL 34475-2324**	81 Name: William D. Burttram, Sr. 82 Street Address (P.O. Box Number is Not Acceptable): 1614 SE 14th Avenue 83 84 City: Ocala **FL** 85 Zip Code: 34471

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: X [signature] 5-28-96
(Signature, typed or printed name of registered agent and the date are required) (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BURTRAM, JUDY E		1.2 NAME	Burttram, William D. (Sr.)	
STREET ADDRESS	3590 NW HWY 326		1.3 STREET ADDRESS	1614 SE 14th Avenue	
CITY-ST-ZIP	OCALA FL 34475		1.4 CITY-ST-ZIP	Ocala, Florida 34471	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: X [signature] 5/28/96 352/867-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #