FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **217262** (5)

1. Corporate Name
JOHN BURGSTINER, INC.

Principal Office Address
4562 CLARK ROAD
P. O. BOX 5761
SARASOTA FL 34233

Mailing Address
4562 CLARK ROAD
P. O. BOX 5761
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE ABOVE

3. Date Incorporated or Qualified: 10/15/1958
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 4562 Clark Road
Suite Apt # or
22
City & State
23 Sarasota, FL
Zip 24 34233 County 25 Sarasota

2a. Mailing Address
26 P. O. Box 5761
Suite Apt # or
27
City & State
28 Sarasota, FL
Zip 29 34277 County 30 Sarasota

4. FEI Number 59-0872389 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Is corporation qualified to do business in Florida? Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MCFADDEN, J. P.
255 CEDAR PARK CIRCLE
SARASOTA FL 34242

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 Section 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

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	MCFADDEN,JERRY P
STREET ADDRESS	255 CEDAR PARK CIRCLE
CITY, ST, ZIP	SARASOTA FL
TYPE	TD
NAME	MCFADDEN,JERRY P
STREET ADDRESS	255 CEDAR PARK CIRCLE
CITY, ST, ZIP	SARASOTA FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TYPE	[ ] Change [X] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	34242
TYPE	[ ] Change [X] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	34242
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and is correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is added thereto with my signature.

SIGNATURE: 4/26/95 (813) 925-9403
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR
Jerry P. McFadden

0340442 CP