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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -1 AM 9:05

DOCUMENT # **357006** (6)

1. Corporation Name:
BURT AND SCHELD FACULTATIVE CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **140 SOUTH ATLANTIC AVENUE, P.O. BOX 2574, ORMOND BEACH FL 32176 US**
Mailing Address: **140 SOUTH ATLANTIC AVENUE, P.O. BOX 2574, ORMOND BEACH FL 32176 US**

3. Date Incorporated or Qualified: **12/17/1969** 3a. Date of Last Report: **03/04/1994**
4. FEI Number: **59-1283020** 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. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **ORMOND RE GROUP, INC., 140 SOUTH ATLANTIC AVENUE, ORMOND BEACH FL**
10. Name and Address of New Registered Agent: 01 Name: 02 Street Address (P.O. Box Number is Not Acceptable): 03: 04 City: **FL** 05 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: _____ (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AS NAME: SMITH, C.H. STREET ADDRESS: 140 S ATLANTIC AVE CITY, ST, ZIP: ORMOND BEACH FL		1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: DELETE 1.3 STREET ADDRESS: DELETE 1.4 CITY, ST, ZIP: DELETE	
TITLE: T NAME: CRAMER, DAVID STREET ADDRESS: 140 S ATLANTIC AVE CITY, ST, ZIP: ORMOND BEACH FL		2.1 TITLE: SV/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: Long, William T. 2.3 STREET ADDRESS: 5 Sherwood Dr. 2.4 CITY, ST, ZIP: Ormond Beach, FL	
TITLE: PD NAME: BURT, W L STREET ADDRESS: 140 S ATLANTIC AVE CITY, ST, ZIP: ORMOND BEACH FL		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP:	
TITLE: VSD NAME: DEINER, JOHN B. STREET ADDRESS: 140 S ATLANTIC AVE CITY, ST, ZIP: ORMOND BEACH FL		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP:	
TITLE: NAME: STREET ADDRESS: 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:	
TITLE: NAME: STREET ADDRESS: 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 the 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: *William T Long* William T. Long, Sr. VP & Treas., 3/15/95 (904) 677-4453
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Type Name)