

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P21345** (4)

1. Corporation Name  
**BURTON INVESTMENTS OF DELAWARE, INC.**

Principal Place of Business Mailing Address  
**1900 INTERNATIONAL PARK DRIVE BIRMINGHAM AL 35243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1988** 3a. Date of Last Report **06/03/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. State Apt. # of	27. State Apt. # etc	63-0987202	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. City	29. City	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. City	30. City	B. This corporation has liability for campaign financing under Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Applicable)
	83. City
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. This document does not accept the provisions of Section 607.0605 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONALLY CHANGED TO OFFICERS AND DIRECTORS IN '94	
OFFICER	NAME <b>PD BURTON, ROBERT O. 1900 INTERNATIONAL PK DR BIRMINGHAM AL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME <b>VP CLYCE, THOMAS E. J. 1900 INTERNATIONAL PARK DR. BIRMINGHAM AL</b>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0605 Florida Statutes. I further certify that the information was filed 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 available for check for the completion of this document and am empowered to execute the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOHING OFFICER OR DIRECTOR

3.5.95