

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057917 (5)

1. Corporation Name

BURD'S HANDI VAN INC.



Principal Place of Business

2822 VOUSDEN LN
LAKELAND FL 33801

Mailing Address

2822 VOUSDEN LN
LAKELAND FL 33801

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

59-3186327

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

BURD, RONALD C SR
2822 VOUSDEN LANE
LAKELAND FL 33801

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 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BURD, RONALD C
STREET ADDRESS 2822 VOUSDEN LANE
CITY-STATE-ZIP LAKELAND FL 33801

1.1 TITLE VICE PRESIDENT
1.2 NAME BURD, EFFIE A
1.3 STREET ADDRESS SAME AS ABOVE
1.4 CITY-STATE-ZIP

TITLE V.P.
NAME EFFIE A BURD (SPOUSE)
STREET ADDRESS SAME AS ABOVE
CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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28.1 TITLE
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28.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 941-667-1175

CR2E034 (12/95)