FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORODOSTO17

1. Corporation Name BURD'S HANDI VAN INC.					
Principal Place of Business	Mailing Address				
2822 VOUSDEN LN 2822 VOUSDEN LN LAKELAND FL 33801 LAKELAND FL 33801					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 08/16/1993	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3186327.	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Country	Zip	Count	ry	8. This corporation owes the current year Int	angible
24 25 25	- T.	30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curr				10. Name and Address of New Registered	Agent
2	Karantata Karanta	a	Name		
BURD, RONALD C SR		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	·
				্রান্ত এক। ১০ এই জেন বিচার করিব। চার্টার চার্টার চার্টার চার্টার করেব। বিচার বিচার বিচার বিচার বিচার চার্টার বিচার বিচার করে আরম্ম বি	mein eine beiberint Gereite
LAKELAND FL 33801		٤	33		
		ε	34 City		85 Zip Code
SHOO WOLDONG (ES)	Mark Company of the C			FL	a l
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Fiorida. Such chande was au	inonzea i	ov tile coloc	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint	ntment as registered
SIGNATURE Signature, typed or printed name of registered a	and and title if applicable (NOTE: I	Registered A	gent signature re	equired when reinstating) DATE	
	AND DIRECTORS	13.	••	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITU	Ē		☐ Change ☐ Additio
1		1.2 NAM	E		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STR	EET ADDRESS		
CITY-ST-ZIP LAKELAND FL 33801		1.4 CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE VP	☐ DELETE	2.1 TITL		· ·	☐ Change ☐ Additio
NAME BURD, EFFIE A		2.2 NAM	ΙE	••	

Addition 2822 VOUSDEN LANE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Change ☐ Addition 3.1 TITLE TITLE 選挙が登記 NAME ... 3.2 NAME NO CASSALLAR 3.3 STREET ADDRESS STREET ADDRESS LANCE TO SSEN 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4,1 TITLE TITLE 4. 2 NAME NAME YOURS 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE

14. I hereby certify that the information supplied with this filing 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 or an attachment with air address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

941-667-1175

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90054 014 ***150.00

Addition