

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 212605 (0)
 1. Corporation Name
BURLEY BUILT, INC.



Principal Place of Business Mailing Address
133 THOMASSON AVE
P.O. BOX 2164
DAYTONA BCH FL 32115

3. Date Incorporated or Qualified **05/21/1958** 3a. Date of Last Report **06/06/1995**
 4. FEI Number **59-0904548** 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

2. Principal Place of Business 2a. Mailing Address
 21 **1672 Ridgewood Av.** 26 **1672 Ridgewood Av.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Holly Hill, FL** 27 **P.O. Box 2164**
 City & State City & State
 23 **32117** 28 **Daytona Beach, FL**
 Zip Country Zip Country
 24 **32117** 25 **32115** 29 **32115** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KISTNER, SHIRLEY
3130 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOATNER, KIMBERLY			1.2 NAME			
STREET ADDRESS	16 TOMOKA OAKS BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL			1.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KISTNER SHIRLEY			2.2 NAME			
STREET ADDRESS	3130 S. PENINSULA DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH FL			2.4 CITY - ST - ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LANTERMAN, KANDACE K.			3.2 NAME			
STREET ADDRESS	500 EASTWOOD LANE			3.3 STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Kandace K. Lanterman, VP* **June 7, 1996** **904-673-8700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KANDACE K. LANTERMAN

CR2E034 (3/96)