FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:46

DOCUMENT # **367331** **(6)**

1. Corporation Name

BURNETT SULTENFUSS & CUTOLO INC

Principal Place of Business	Mailing Address
% WHEELER, HERMAN, HARVEY & LAGOR 400 N ASHLEY DR SUITE 2650 TAMPA FL 33602-4320 US	% WHEELER, HERMAN, HARVEY & LAGOR 400 N ASHLEY DR SUITE 2650 TAMPA FL 33602-4320 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1970	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1300343	☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CUTOLO, MARY L
467 MARMORA AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	V	11 TITLE	☐ Change ☐ Addition
02 NAME	SULTENFUSS, G L	12 NAME	
03 STREET ADDRESS	3105 FOUNTAIN BLVD	13 STREET ADDRESS	
04 CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	
01 TITLE	VD	21 TITLE	☐ Change ☐ Addition
02 NAME	CUTOLO, MARY L	22 NAME	
03 STREET ADDRESS	467 MARMORA AVE	23 STREET ADDRESS	
04 CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	
01 TITLE	VD	31 TITLE	☒ Change ☐ Addition
02 NAME	SULTENFUSS, J.L.	32 NAME	
03 STREET ADDRESS	2526 EDGEWOOD RD	33 STREET ADDRESS	Deceased July, 1994
04 CITY-ST-ZIP	TAMPA, FL 00000	34 CITY-ST-ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY-ST-ZIP		44 CITY-ST-ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY-ST-ZIP		54 CITY-ST-ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Mary Louise Cutolo 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0200204 CP