

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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90053 019 \*\*\*150.00

DOCUMENT # 604692

1. Corporation Name  
BURKE & BLUE, P.A.

Principal Place of Business

221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

Mailing Address

221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1973

4. FEI Number

59-1492119

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BURKE, LES W.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BURKE, LES W.  
STREET ADDRESS 221 MCKENZIE AVENUE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE VD  
NAME BLUE, ROB, JR  
STREET ADDRESS 221 MCKENZIE AVENUE  
CITY-ST-ZIP PANAMA CITY, FL 00000

☐ DELETE

TITLE SD  
NAME ZIMMERMAN, NEVIN  
STREET ADDRESS 221 MCKENZIE AVENUE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE D  
NAME HUTCHISON, EDWARD A.  
STREET ADDRESS 221 MCKENZIE AVENUE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE TD  
NAME WARNER, TIMOTHY M.  
STREET ADDRESS 221 MCKENZIE AVE.  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Walters, Elizabeth J.

1.3 STREET ADDRESS 221 McKenzie Avenue

1.4 CITY-ST-ZIP Panama City, FL 32401

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Mallory, Sherri Denton

2.3 STREET ADDRESS 221 McKenzie Avenue

2.4 CITY-ST-ZIP Panama City, FL 32401

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Smith, Douglas L.

3.3 STREET ADDRESS 221 McKenzie Avenue

3.4 CITY-ST-ZIP Panama City, FL 32401

4.1 TITLE T/D ☒ Change ☐ Addition

4.2 NAME Hutchison, Edward A.

4.3 STREET ADDRESS 221 McKenzie Avenue

4.4 CITY-ST-ZIP Panama City, FL 32401

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Warner, Timothy M.

5.3 STREET ADDRESS 221 McKenzie Avenue

5.4 CITY-ST-ZIP Panama City, FL 32401

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Les W. Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

(850) 769-1414

Daytime Phone #

CR2E034 (11/98)