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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

604929

(0)

1. Corporation Name BURTON & BURTON, P.A. ATTORNEYS AT LAW

Principal Place of Business Mailing Address 501 W MAIN ST 501 W MAIN ST P O BOX 1729 P O BOX 1729 WAUCHULA FL 33873 WAUCHULA FL 33872 3a. Date of Last Report 04/06/1995 Date Incorporated or Qualified 01/02/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1525217 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Γ 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BURTON, JOHN W. H. 82 Street Address (P.O. Box Number is Not Acceptable) 501 W MAIN ST. WAUCHULA FL 33873 83 84 City Zip Code 85 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 TITLE ☐ Change Addition BURTON, JOHN W. H. NAME 1.2 NAME 1249 PINE COURT STREET ADDRESS 1.3 STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition BURTON, JOHN W NAME 22 NAME 809 W. PALMETTO ST. STREET ADDRESS 2.3 STREET ADDRESS WAUCHULA FL CITY-ST-2IP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition

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 cath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - S1 - ZIP

DELETE

Change

☐ Addition

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