## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F18385

1. Corporation Name

(7)

<b>BURKETT</b>	REALTY.	INC.
DOINTI	HEAT II	1110.

Principal Place o		Mailing Address									
9653 BAY PIEF ST. PETERSBU			9601 vonn RD Seminole Fl 34646								
US US			<u></u>			3. Date incorporated or Qualified					
2. Principal Plac	ce of Business	2a.	. Mailing Address				4. FEI Number 59-2060220 (59-3	310508		Applied For Not Applicable	
Suite, Apt. #	, etc.	- 20	Suite, Apt. #, etc.		···-		Certificate of Status Desired		\$8.75	Additional	
22		27	0.00					<del></del>		Required	
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees	
Zip	Country	1-01	Zip	Cou	intry	,	8. This corporation has liability for		under s	199.032,	
24	25	29		30				□No			
	9. Name and Address of Curre	nt Regis	stered Agent		81	Name	10. Name and Address of New R	legistered A	jent		
					0'						
Burkett 9501 voi	FJR, FRANK S				82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
	NN KU LE FL 34646				83						
					84	City			<b>85</b> Zi	ip Code	
							eration submits this statement for the pur	FL	ــلــا		
SIGNATURE 78	Signature, typed or printed name of registereo ager OFFICERS AN		CTORS	DTE Registered	d Ager	nt signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFF				
TITLÉ	PVS		☐ DELETE	1.11	TITLE				Change	☐ Addition	
NAME	BURKETT JR, FRANK S			1.2 N							
STREET ADDRESS	9501 VONN RD					T ADORESS					
CHY-ST-ZIP TITLE	SEMINOLE, FL 00000		DELETE	2.1		ST-ZIP			Change	Addition	
NAMÉ			[]	22 N					•	_	
STREET ADDRESS				2.3 5	TREE	T ADDRESS					
CITY-ST-ZIP				240	TY-S	ST-ZIP		<u>-</u> _			
TATLE			DELETE	3 1					Change	Addition	
NAME				32 N							
STREET ADDRESS						ET ADDRESS ST-ZIP					
CHY-ST-ZIP TITLE			DELETE	4.1					Change	Addition	
NAME				4.2 N	IAME						
STREET ACCRESS				4.3 \$	TREE	T ADDRESS					
CITY-ST-ZIP			F3 00 515			ST-ZIP			Change	[T] Addition	
THILE			☐ DELETE	5.1				L_	} Change	☐ Addition	
NAME CIRCLI ADDRESS					NAMÉ STREE	T ADDRESS					
STREET ADDRESS						ST-ZIP					
CITY-ST-ZIP TILLE			DELETE		TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>		] Change	Addition	
NAMÉ			<u>-</u> ·	621	NAME						
STREET ADDRESS				635	STAEE	T ADDRESS					
CITY - ST - ZIP				640	HY-	ST-ZIP					
certify that eath; that	the information indicated on this an	nual repo oration (	ort or supplemental and or the receiver or truste	nual report se empowe	is tr	use and accur	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	a same legal e	enect as	ir made under	

SIGNATURE: JRAML S. BURKETT, JR APR 19, 1996 (813)398-0783