

**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 JUN 20 AM 8:30

DOCUMENT # **F98355** (3)

1. Corporation Name  
**TENNEY & SONS, INC.**

Principal Place of Business Mailing Address  
**2555 ENTERPRISE RD. STE 7 CLEARWATER FL 34623-1148**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/07/1982** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business  
21 **2479 TREEMONT WAY** 26 **2479 TREEMONT WAY**  
Suite, Apt. #, etc.

4. FEI Number **59-2444189** Applied For  
Not Applicable

22. City & State 27. City & State  
**DUNEDIN, FL** **DUNEDIN, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. Zip 25. County 29. Zip 30. County  
**34698** **PINELLAS** **34698** **PINELLAS**

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 USZ, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, WAYNE T**  
**2555 ENTERPRISE RD, STE 7**  
**CLEARWATER, FL**  
**33575**

X Name **JOANNE M. TENNEY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2479 TREEMONT WAY**  
83  
84 City **DUNEDIN** FL 85 Zip Code **34698**

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 **JOANNE M. TENNEY** *Joanna Tenney* **6-6-95**  
Signature (typed or printed name of registered agent and title if applicable) (Only Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	NAME <b>TENNEY, CHRIS E</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2479 TREEMONT WAY</b>	CITY ST ZIP <b>DUNEDIN, FL 00000-34698</b>	12 NAME	
TITLE <b>D</b>	NAME <b>TENNEY, BAY G</b>	13 STREET ADDRESS	
STREET ADDRESS <b>2479 TREEMONT WAY</b>	CITY ST ZIP <b>DUNEDIN, FL 00000</b>	14 CITY ST ZIP	
TITLE <b>D</b>	NAME <b>TENNEY, JOANNE M</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2479 TREEMONT WAY</b>	CITY ST ZIP <b>DUNEDIN, FL 00000</b>	22 NAME	
TITLE <b>ST</b>	NAME <b>TENNEY, JOANNE M</b>	23 STREET ADDRESS	
STREET ADDRESS <b>2479 TREEMONT WAY</b>	CITY ST ZIP <b>DUNEDIN, FL 00000</b>	24 CITY ST ZIP	
TITLE <b>D</b>	NAME <b>TENNEY, MARK C</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2479 TREEMONT WAY</b>	CITY ST ZIP <b>DUNEDIN, FL 00000</b>	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	34 CITY ST ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	44 CITY ST ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	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 exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanna Tenney, Secretary* **6-6-95**  
Name and typed or printed name of signing officer on Director (Date) (Typed Name #)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # G01605 (6)**

1. Corporation Name  
**BURWYNN ENGINEERING, INC.**

Principal Place of Business	Mailing Address
% ROBERT BURGESS 19800 CASTLEWOOD DR. JUPITER FL 33458	% ROBERT BURGESS 19800 CASTLEWOOD DR. JUPITER FL 33458

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/28/1982</b>	3a. Date of Last Report <b>06/28/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2256694</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BURGESS, ROBERT 19800 CASTLEWOOD DR. JUPITER FL</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, R J</b>	12 NAME	
STREET ADDRESS	<b>19800 CASTLEWOOD DR</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER, FL 00000</b>	14 CITY - ST - ZIP	
TITLE	<b>VS</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, J A</b>	22 NAME	
STREET ADDRESS	<b>19800 CASTLEWOOD DR</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER, FL 00000</b>	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.J. Burgess* *R.J. BURGESS* *6/18/95* *407-691-2212*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type)

CR2E034 (3/95)