

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G09435** (0)

1. Corporation Name

**BURCH BROS., INC.**



Principal Place of Business

**905 W. STORY ROAD  
WINTER GARDEN FL 34787-3318**

Mailing Address

**905 W. STORY ROAD  
WINTER GARDEN FL 34787-3318**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARTIN, LOU ELLEN  
905 WEST STORY ROAD  
WINTER GARDEN FL**

3. Date Incorporated or Qualified

**11/23/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2238374**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

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 in space below

Title: Registered Agent's signature required when registered

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

**BURCH, WILLIAM B.**

STREET ADDRESS

**905 W. STORY ROAD**

CITY - ST - ZIP

**WINTER GARDEN, FL.00000**

TITLE

D

☐ DELETE

NAME

**BURCH SELBY R**

STREET ADDRESS

**905 W. STORY ROAD**

CITY - ST - ZIP

**WINTER GARDEN, FL.00000**

TITLE

DS

☐ DELETE

NAME

**BURCH, SCOTT S.**

STREET ADDRESS

**905 W. STORY ROAD**

CITY - ST - ZIP

**WINTER GARDEN, FL.00000**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 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:

*William B. Burch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William B. Burch**

**4-18-96**

**407-656-3177**

(11)

Exhibit 6 Florida #

CR2E034 (12/95)