

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

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05 MAY -1 AM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Manhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G71502** (0)
1. Corporation Name
BURTON & CHILDRESS INSURANCE, INC.

Principal Place of Business: **10225 ULMERTON RD #7-A
P.O. BOX 138
LARGO FL 34649-0138
US**

Mailing Address: **10225 ULMERTON RD #7-A
P.O. BOX 138
LARGO FL 34649-0138
US**

2. Principal Place of Business: **21**
Mailing Address: **26**

3. Date Incorporated or Created: **11/17/1983**

4. FFI Number: **59-2344744**

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under 5-159.002 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CHILDRESS, ROBERT D.
10225 ULMERTON RD SE #7-A
LARGO FL 34641**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 having its registered office of principal place of business 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 authorized to accept the responsibility of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12/1)	
OFFICE	DVS	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, MICKI	NAME	Remove
STREET ADDRESS	10225 ULMERTON RD SE #7A	STREET ADDRESS	
CITY, STATE, ZIP	LARGO FL	CITY, STATE, ZIP	
OFFICE	DPT	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, ROBERT	NAME	CHILDRESS, ROBERT D.
STREET ADDRESS	10225 ULMERTON RD SE #7A	STREET ADDRESS	
CITY, STATE, ZIP	LARGO FL	CITY, STATE, ZIP	
OFFICE		OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DVS
STREET ADDRESS		STREET ADDRESS	CHILDRESS, ROBERT E.
CITY, STATE, ZIP		CITY, STATE, ZIP	464-41 Ave. N.E. ST. PETERSBURG, FL 33703
OFFICE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(1)(b), 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. I will file an office or other form of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE: Robert Childress *Robert D. Childress* 3/13/95 (913) 585-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR