

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 # **G79077** (5)

1. Corporation Name

**BURKLOW & ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

904 MCCLURE DRIVE  
SUITE 5  
GULF BREEZE FL 32561  
US

% MELVIN A. BURKLOW  
P.O. BOX 535  
GULF BREEZE FL 32562-0535  
US

2. Principal Place of Business

2a. Mailing Address

21 904 McClure Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Gulf Breeze FL

28

Zip

Country

Zip

Country

24 32561

25

US

29

30

3. Date Incorporated or Qualified

01/17/1984

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2390217

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKLOW, MELVIN A.  
5425 OAKMONT  
PACE, 32571

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BURKLOW, MELVIN A.	
STREET ADDRESS	5425 OAKMONT	
CITY - ST - ZIP	PACE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BURKLOW, EDDIE R.	
STREET ADDRESS	3545 HIDDEN HOLLOW CT.	
CITY - ST - ZIP	MARIETTA GA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BURKLOW, ROBERT L.	
STREET ADDRESS	103 WINDMERE DRIVE	
CITY - ST - ZIP	HOHENWALD TN	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, GILBERT	
STREET ADDRESS	211 EAST BRENT LANE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 included on this annual report or biennial 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:

Melvin A. Burklow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

904-932-0702

Daytime Phone #

CR2E034 (12/95)