

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 # **H33903** (6)

1. Corporation Name

**BURNHAM-NELSON INVESTMENTS, INC.**



Principal Place of Business

**2310 1/2 LAKELAND HILL BLVD  
2304 LAKELAND HILLS BLVD.  
LAKELAND FL 33805  
US**

Mailing Address

**P.O. BOX 90272  
2304 LAKELAND HILLS BLVD.  
LAKELAND FL 33804-0272  
US**

3. Date Incorporated or Qualified  
**12/12/1984**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **2526 McJunkin Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 90272**

Suite, Apt. #, etc.

22 City & State

23 **Lakeland, Florida**

24 **33803** 25 **Polk**

27 City & State

28 **Lakeland, Florida**

29 **33804** 30 **Polk**

4. FEI Number  
**59-2474490**

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

**NELSON, ROSEMARIE  
2310 1/2 LAKELAND HILLS BLVD  
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name **Nelson, Rosemarie**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2526 McJunkin Road**  
83  
84 City **Lakeland** FL 85 Zip Code **33803**

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 ☐ DELETE  
NAME **PST SHEETZ, W.O. BILL**  
STREET ADDRESS **2108 HOOFF PRINT LANE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PST SHEETZ, W.O. BILL**  
1.3 STREET ADDRESS **6003 Topher Trail**  
1.4 CITY-ST-ZIP **Lakeland, FL 33860**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: x **W.O. Bill Sheetz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96** **941-668-9510**  
Date Daytime Phone #

CR2E034 (12/95)