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**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

H49104

(3)

## BURROUGHS CONSTRUCTION COMPANY



Principal Place of E	Business	_	j Address							
C/O WALTER L. SCHAFER. JR. 6 BAYWOOD DRIVE PALM HARBOR FL 34683		C/O WALTER L. SCHAFER. JR. 6 BAYWOOD DRIVE								
		PAL	PALM HARBOR FL 34683			3. Date Incorporated or Qualified 04/01/1985	3a. D	Date of Last Report 04/27/1995		
		1 20 M	niting Address				4. FEI Number			Applied For
. Principal Place	of Business	26	aning reserves				59-2530125			Not Applicable
Suite, Apt. #, 6	etc		iite, Apt. #. etc.				5. Gertificate of Status Dosired			75 Additional e Required
2		27			·		6. Election Campaign Financing			.00 May Be
City & State			ty & State				Trust Fund Contribution		<b>+-</b> -	ded to Fees
3		28		Cour	stry	·	B. This corporation has liability for	intangibl	ie tax under	rs 199.032,
Ziρ	Country	Zg 29	ρ	30	,		Florida Statutes	: KJN0	)	
·	25 Name and Address of Curren		ed Agent				10. Name and Address of New I	Register	ed Agent	
	g, Hamiltonia				81	Name				
SCHAFFR	, WALTER L., JR.				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
2431 EST	ANCIA BLVD BLDG C					<u> </u>				
CLEARWA	ATER FL 34621-9608				83				<del></del>	7.0.40
					64	1 '			FL  85	Zip Code
	=			tos the obs	L	named corpo	ration submits this statement for the pi ird of directors. I hereby accept the ap	urpose o	f changing	its registered of
SIGNATURE s.	granure in the companies of the patient age?  OF FICE RS AN	taviste tapo ND DIRECTO	OHS	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIRE.C	CTORS IN 12 nge ☐ Additio
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NAME	BURROUGHS, RICHARD E.			. 12 N						
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NAME	Burroughs, Karen L. 6 Baywood Drive			1 -		ET ADDRESS				
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NAME					2 NA! 2 CTL	MELT ADDRESS				
STREET ADDRESS						_				
CITY - ST - ZIP				f weighted or	4 UH	daes not quali	fy for the exemption stated in Section	119.07(3	j(k), Florida	Statutes, I furth

14. Ho 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 Statules. I further certify that the information indicated on this anneal report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under certify that the information indicated on this anneal report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under certify that the information indicated on this anneal report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under certify that the information indicated on this anneal report 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:

\*\*SIGNATURE\*\*

\*\*SIG