FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H49104 1. Corporation Name

BURROUGHS CONSTRUCTION COMPANY

		<u> </u>					ini Hali Ha
Principal Plac	e of Business	Mailing Address		•		,, 6.6., 6.6., 4.6., 6	
C/O WALTER L. SCHAFER. JR. C/O WALTER L. SCHAFER. 6 BAYWOOD DRIVE 6 BAYWOOD DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683			IR.		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/01/1985		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	olied For
21 26					59-2530125	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 31	Country		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent	
		<u> </u>	81	Name			
SCHAFER, WALTER L., JR. 2431 ESTANCIA BLVD BLDG C			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34621-9608			83				-
	, ·					ne 7% (\d-
			84	City	F	L 85 Zip C	,ode
office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the college to the secure of the	of Florida. Such change was auti	nonzed by	tne corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agen	t signature requir	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE 1.1 TI				Change	Addition
NAME	BURROUGHS, RICHARD E.		1.2 NAME				
STREET ADDRESS	6 BAYWOOD DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-ST	r-ZIP			
TITLE	DVS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BURROUGHS, KAREN L.		2.2 NAME				
STREET ADDRESS	6 BAYWOOD DRIVE	· ·		ADDRESS			
CITY-ST-ZIP			2, 4 CITY-S	T-ZIP	سب د ي ي ي ي .		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	55,120		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	,		4.4 CITY-S				
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	}		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADORESS			
i	EURCOO		5.4 CITY-S	1			
CITY-ST-ZIP			6.1 TITLE	-		Change	Addition
			6.2 NAME				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4/19/99 727 934-1332

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90167 007 ***150.00