

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J01450** (2)

**THE JOHN BURROWS COMPANY**



1. Name of Corporation: **THE JOHN BURROWS COMPANY**  
 2. Principal Office: **4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210**  
 3. Office Address: **4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210**

3. Date incorporated or qualified: **02/27/1986**  
 3a. Date of Last Report: **04/04/1995**  
 4. FID Number: **59-2638639**  
 5. Certificate Status Desired:  Applied For  Not Applied For  
 6. Election Campaign Financing:  **\$8.75 Additional Fee Required**  
 7. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
 8. This corporation has a liability for franchise tax under s. 199.09, Florida Statute:  Yes  No

2. Name of Registered Agent: \_\_\_\_\_  
 2a. Name of Agent: \_\_\_\_\_  
 21. Name of Agent: \_\_\_\_\_  
 26. Name of Agent: \_\_\_\_\_  
 22. Name of Agent: \_\_\_\_\_  
 27. Name of Agent: \_\_\_\_\_  
 23. Name of Agent: \_\_\_\_\_  
 28. Name of Agent: \_\_\_\_\_  
 24. Name of Agent: \_\_\_\_\_  
 29. Name of Agent: \_\_\_\_\_  
 30. Name of Agent: \_\_\_\_\_

9. Name and Address of Current Registered Agent

**BURROWS, JOHN T.  
 4635 VERONA AVE.  
 JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent  
 81. Name: \_\_\_\_\_  
 82. Street Address, P.O. Box Number or Not Applicable: \_\_\_\_\_  
 83. \_\_\_\_\_  
 84. City: \_\_\_\_\_  
 FL 85. Zip Code: \_\_\_\_\_

11. I, the undersigned, being a resident of this State and of lawful age, do hereby certify that the above named corporation exists in this state for the purpose of carrying out its registered office and principal office as herein provided. I do hereby certify that the corporation has been organized in accordance with the laws of this State and that it is a corporation as defined in the laws of this State. I do hereby certify that the corporation is a corporation as defined in the laws of this State.

12. Name and Address of Officers and Directors:  
 PD **BURROWS, JOHN T.**  
**4635 VERONA AVE.**  
**JACKSONVILLE FL**  
**S**  
**BURROWS, NANCY O.**  
**4635 VERONA AVE.**  
**JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:  
 Group  Add  
**32210**  
 Change  Add  
**32210**  
 Group  Add  
 Group  Add  
 Group  Add

14. I, the undersigned, being a resident of this State and of lawful age, do hereby certify that the above named corporation exists in this state for the purpose of carrying out its registered office and principal office as herein provided. I do hereby certify that the corporation has been organized in accordance with the laws of this State and that it is a corporation as defined in the laws of this State. I do hereby certify that the corporation is a corporation as defined in the laws of this State.

SIGNATURE: *John T. Burrows* **John T. Burrows** 1-22-1996 (904)399 1903

CR2E034 (12/95)