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Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J01450** (2)  
1. Corporation Name  
**THE JOHN BURROWS COMPANY**



Principal Place of Business: **4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210**  
Mailing Address: **4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210-1840**

3. Date Incorporated or Qualified: **02/27/1986**  
3a. Date of Last Report: **01/26/1996**  
4. FEI Number: **59-2638639**  
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

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
25  
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30

9. Name and Address of Current Registered Agent  
**BURROWS, JOHN T.  
4835 VERONA AVE.  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: **John T Burrows, President** *[Signature]* DATE: **1-17-97**

12. OFFICERS AND DIRECTORS  
TITLE: **PD**  DELETE  
NAME: **BURROWS, JOHN T.**  
STREET ADDRESS: **4835 VERONA AVE.**  
CITY-STATE-ZIP: **JACKSONVILLE FL**  
TITLE: **S**  DELETE  
NAME: **BURROWS, NANCY O.**  
STREET ADDRESS: **4835 VERONA AVE.**  
CITY-STATE-ZIP: **JACKSONVILLE FL**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-17-97** DAYTIME PHONE #: **9043091903**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John T Burrows**

CR2E034 (9/96)