FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04912** **(8)**

1. Corporation Name
BURKE & BALES/HEPY, INC.

Principal Place of Business	Mailing Address
341 N MAITLAND AVE SUITE 130 MAITLAND FL 32751 US	341 N MAITLAND AVE SUITE 130 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/18/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2658694** ☐ 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

BATTAGLIA, W. P.
TWO S. ORANGE PLAZA
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BURKE, ROBERT H., JR.	12 NAME	
STREET ADDRESS	341 N MAITLAND AVE SUITE 130	13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	
TITLE	DSV	21 TITLE	☐ Change ☐ Addition
NAME	MILLS, JERRY W.	22 NAME	
STREET ADDRESS	341 N MAITLAND AVE STE 130	23 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	PIERCE, RALPH	32 NAME	
STREET ADDRESS	26913 NW HWY STE 200	33 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	KING, DENNIS M.	42 NAME	
STREET ADDRESS	26913 NW HWY STE 200	43 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	BALES, JAMES	52 NAME	
STREET ADDRESS	341 N MAITLAND AVE STE 130	53 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	PIRSCHER, CARL	62 NAME	
STREET ADDRESS	26913 NW HWY STE 200	63 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	64 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, added or deleted, or on an attachment with an address.

SIGNATURE: _____ 4.26.95 407/628-4514
TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048336 CP