

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51563 (1)

1. Corporation Name
WILLIAM C. BURNFIELD, INC.

Principal Place of Business Mailing Address
537 RUTILE DR PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1987** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2747780** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BURNFIELD, WILLIAM C.
537 RUTILE DR
PONTE VEDRA BEACH FL 32082**

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

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **BURNFIELD, WILLIAM C.**
STREET ADDRESS **537 RUTILE DR**
CITY - ST - ZIP **PONTE VEDRA BCH FL**
TITLE **D**
NAME **BURNFIELD, MARGUERITE**
STREET ADDRESS **537 RUTILE DR**
CITY - ST - ZIP **PONTE VEDRA BCH FL**
TITLE **D**
NAME **BURNFIELD, JOHN T.**
STREET ADDRESS **537 RUTILE DR**
CITY - ST - ZIP **PONTE VEDRA BCH FL**
TITLE **D**
NAME **BURNFIELD, JENNIFER**
STREET ADDRESS **537 RUTILE DR**
CITY - ST - ZIP **PONTE VEDRA BCH FL**

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

SIGNATURE: *William C Burnfield* 4/19/95 904-785-2537
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Signature Please Print