

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:02

DOCUMENT # K14859

(8)

1. Corporation Name

BURNER AND COMPANY

Principal Place of Business

5445 WINKLER RD  
FT MYERS FL 33919

Mailing Address

5445 WINKLER RD  
FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1988

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2745677

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNER, PETER  
5445 WINKLER RD  
FT MYERS FL 33919

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
BURNER, PETER  
5445 WINKLER RD  
FT MYERS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

D

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
ARTUSO, THERESA  
919 SW 36 ST  
CAPE CORAL FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

P

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
MUSARRA, MICHAEL C  
1117 SE 30TH ST  
CAPE CORAL FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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.

SIGNATURE:

Theresa Artuso THERESA ARTUSO

6/20/95 (94) 482-8802

(Signature and Typed or Printed Name of Signing Officer or Director)

CR2E034 (3/95)