

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Worsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

5 MAY -1 AM 11:32

DOCUMENT # K68141

(6)

1. Corporation Name

BURLEW'S DETECTIVE AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4435 INDEPENDENCE CT
SARASOTA FL 34234
US

Mailing Address

4435 INDEPENDENCE CT
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1989

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0114637

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 City & State

24 City & State

2b. Mailing Address

26 State, Apt. # etc.

27 City & State

28 City & State

29 City & State

9. Name and Address of Current Registered Agent

PROFFITT, GEOFFREY H.
200 S. WASHINGTON BLVD.
SUITE 8
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81

NAME
EARL MILUM

82

Street Address (P.O. Box Number is Not Acceptable)

2809 DESOTO ROAD

83

84

City
SARASOTA,

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 provisions of, Sections 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if Registered Agent is not a Director)

5-1-95

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY & STATE

12b

NAME

STREET ADDRESS

CITY & STATE

12c

NAME

STREET ADDRESS

CITY & STATE

12d

NAME

STREET ADDRESS

CITY & STATE

12e

NAME

STREET ADDRESS

CITY & STATE

12f

NAME

STREET ADDRESS

CITY & STATE

12g

NAME

STREET ADDRESS

CITY & STATE

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY & STATE

13b

NAME

STREET ADDRESS

CITY & STATE

13c

NAME

STREET ADDRESS

CITY & STATE

13d

NAME

STREET ADDRESS

CITY & STATE

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STREET ADDRESS

CITY & STATE

13f

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STREET ADDRESS

CITY & STATE

13g

NAME

STREET ADDRESS

CITY & STATE

DELETE

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply with the requirements stated in Sections 194.03(9)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Article 12 of the corporation's articles of incorporation or its amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5-1-95 364-5762