

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43674** (5)

1. Corporation Name

BURRITO BROTHERS, INC.

Principal Place of Business

**100 S. MAIN ST
GAINESVILLE FL 32601
US**

Mailing Address

**1887 NW PINELAKE DR.
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

06/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0183317

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

**LAUGHLIN, DENNIS R.
1887 NW PINE LAKE DR.
STUART FL 34994**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP&

NAME

LAUGHLIN, DENNIS R.

STREET ADDRESS

1887 NW PINE LAKE DR.

CITY - ST - ZIP

STUART FL

TITLE

F

NAME

LAUGHLIN, DENNIS R.

STREET ADDRESS

1887 NW PINE LAKE DR.

CITY - ST - ZIP

STUART FL

TITLE

Sec'y. - Treas.

NAME

Nancy S. Laughlin

STREET ADDRESS

1887 NW Pine Lake Dr

CITY - ST - ZIP

Stuart, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - 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 - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**400001485884
-05/12/95--01058--014
****200.00 ****200.00**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(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 this 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, changed, or on an attachment with an address.

SIGNATURE:

Dennis R. Laughlin
Dennis R. Laughlin, President

4/5/95 904-377-1619

Date

Signature (Please Print)