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Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90061 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L43674

1. Corporation Name  
BURRITO BROTHERS, INC.

Principal Place of Business  
108 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

4. FEI Number

65-0183317

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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

Harold F. Purnell

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

215 S. Monroe

83 Suite 420

84 City

Tall

FL

85 Zip Code

32301

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: *Nancy Laughlin* *Seely-Thomas* *Harold F. Purnell* *H. Reg Asen* 4/27/99  
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LAUGHLIN, DENNIS R.  
STREET ADDRESS 1887 NW PINE LAKE DR.  
CITY-STATE-ZIP STUART FL

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

139 Coyatee Ci.  
London, TN 37774

TITLE ST  
NAME LAUGHLIN, NANCY S  
STREET ADDRESS 1887 N.W. PINE LAKE DR.  
CITY-STATE-ZIP STUART FL

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

139 Coyatee Ci.  
London, TN 37774

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Nancy Laughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NANCY S. LAUGHLIN, SEELY-THOMAS

4/24/99 352/377-1619  
Date Daytime Phone #

CR2E034 (11/98)