

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L45718** (8)

1. Corporation Name

BURTON MANAGEMENT GROUP, INC.



Principal Place of Business

RTE. 6 BOX 3320
ELLIJAY GA 30540

Mailing Address

RTE. 6 BOX 3320
ELLIJAY GA 30540

2. Principal Place of Business

2a. Mailing Address

21 **3720 CORAL SPRINGS DR.**
Suite, Apt. #, etc.

26 **SAME**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **CORAL SPRINGS, FL.**

28 City & State

24 Zip

Country

Zip

Country

25 **33065**

26 **BROWARD**

29

30

9. Name and Address of Current Registered Agent

GANTT, RAGAN
8220 SUNSET DRIVE
MIAMI FL 33143

3. Date Incorporated or Qualified
01/29/1990

3a. Date of Last Report
04/11/1995

4. FEI Number

65-0169123

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

10. Name and Address of New Registered Agent

81 Name

ROBERT A. BURTON

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

3720 CORAL SPRINGS DRIVE

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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

Robert A. Burton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when terminating)

4/13/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **BURTON, ROBERT A.**
STREET ADDRESS **RTE 6 BOX 3320**
CITY-ST-ZIP **ELLIJAY GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 ☐ 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 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. I am attaching an address.

SIGNATURE:

Robert A. Burton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BURTON 4/13/96 (305) 746-9400

Date

Daytime Phone #

CR2E034 (12/95)