

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 18 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L87319**

**(4)**

1. Corporation Name

**BURTON-MITCHELL, INC.**

Principal Place of Business

**12980-44TH STREET NORTH  
CLEARWATER FL 34622**

Mailing Address

**12980-44TH STREET NORTH  
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/17/1990**

3a. Date of Last Report

**05/23/1994**

4. FEI Number

**59-3026517**

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BURKE, GEORGE J.  
729 BALDWIN ROAD  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

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) (Print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                  |
|-----------------|------------------|
| TITLE           | PD               |
| NAME            | BURKE, GEORGE J. |
| STREET ADDRESS  | 729 BALDWIN RD.  |
| CITY - ST - ZIP | PALM HARBOR FL   |
| TITLE           | ST               |
| NAME            | BURKE, GEORGE J. |
| STREET ADDRESS  | 729 BALDWIN RD.  |
| CITY - ST - ZIP | PALM HARBOR FL   |
| TITLE           | BURKE, MARY C.   |
| NAME            | 729 BALDWIN RD.  |
| STREET ADDRESS  | PALM HARBOR FL   |
| CITY - ST - ZIP | VICE PRESIDENT   |
| 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

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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, or on an attachment with an address.

SIGNATURE:

*Mary C. Burke*

SIGNATURE AUTHORIZED ON BEHALF OF REGISTERED OFFICER OR DIRECTOR

**MARY C. BURKE**

4/14/95

813-573-1053