

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P29713 (5)

1. Corporation Name

BURTON, ADAMS, KEMP & KING, INC.



Principal Place of Business

100 CORPORATE PKWY.  
BIRMINGHAM AL 35242

Mailing Address

P.O. BOX 380804  
BIRMINGHAM AL 35238-0804

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 3003 Butterfield Rd

26 3003 Butterfield Rd.

4. FEI Number

56-0889601

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Oak Brook, IL

28 Oak Brook, IL

Zip

Country

Zip

Country

24 60521

25 DuPage

29 60521

30 DuPage

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 date of appointment

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
SVPD	BAIDEN, DAWN L	15 BRENDEN WAY	GREENVILLE SC 29615	<input type="checkbox"/>
VT	SPEARS, MAR	100 CORPORATE PKWY.	BIRMINGHAM AL 35242	<input checked="" type="checkbox"/>
DVAS	STANCZAK, STEPHEN P	3003 BUTTERFIELD RD.	OAK BROOK IL 60521	<input checked="" type="checkbox"/>
DP	LEONHARDT, THOMAS C.	15 BRENDAN WAY	GREENVILLE SC 29615	<input type="checkbox"/>
AT	KIZER, LEISA	100 CORPORATE PARKWAY	BIRMINGHAM AL 35242	<input checked="" type="checkbox"/>
D	GILBERT, RODNEY C	100 CORPORATE PARKWAY	BIRMINGHAM AL 35242	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	J. Thomas Fitzgibbon	3003 Butterfield Rd	Oak Brook, IL 60521	<input checked="" type="checkbox"/>
AO	Barbara L. Bier	3003 Butterfield Rd.	Oak Brook, IL 60521	<input checked="" type="checkbox"/>
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*200.00

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: Barbara L. Bier Barbara L. Bier, Assistant Secretary 4/1/96 708/572-8841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG-4-9-96

CR2E034 (12/95)