

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000026541 (1)**

1. Corporation Name

**CLINT BURBRIDGE DESIGN, INCORPORATED**

95 MAY - 1 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2511 HERSCHEL STREET  
JACKSONVILLE FL 32204~~

2222 PARK STREET  
JACKSONVILLE FL 32204-4316  
US

same as →

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	04/12/1993		04/28/1994	
22. City & State		27. City & State		4. FEI Number		Applied For	
23. Zip		28. Zip		59-3180407		Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
27		32		<input type="checkbox"/>		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		34		<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURBRIDGE, HENRY CLINTON III  
2511 HERSCHEL STREET  
JACKSONVILLE FL 32204

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *H. Clint Burbridge III* 3/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGE % TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURBRIDGE, H. CLINTON III	2. NAME	
STREET ADDRESS	2511 HERSCHEL ST.	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32204	4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *H. Clint Burbridge III* 3/11/95 904-384-1278