

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018965 (1)

1. Corporation Name

BURGES MANAGEMENT CORPORATION

Principal Place of Business

P.O. BOX 1503
FT. MYERS FL 33902

Mailing Address

P.O. BOX 1503
FT. MYERS FL 33902-1503

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

04/08/1996

4. FEI Number

65-0480397

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THOMAS, DONNA M
1860 MARINA CR.
FT. MYERS FL 33903

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, DONNA M
STREET ADDRESS 1860 MARINA CR.
CITY-ST-ZIP FT. MYERS FL 33903☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE:

Donna M. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M. Thomas

1/13/97

Date

941/995-0008

Daytime Phone #

CR2E034 (9/96)