

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000039106 (7)

1. Corporation Name

BURCH DEVELOPMENT CORP.

FILED

1995 JUL 25 AM 9

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1994
3a. Date of Last Report

4. FEI Number 65-0496953
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 § 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. Dade, Monroe County

2a. Mailing Address
26. 7629 NW 2nd St.

Suite, Apt. #, etc.
22. 2

Suite, Apt. #, etc.
27. 2

City & State
23. Miami FL

City & State
28. Miami FL

Zip
24. 33126

Country
25. USA

Zip
29. 33126

Country
30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, JEFF
7629 NW 2 ST
MIAMI FL 33126

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]

(NOTE: Registered Agent signature required when registering.)

6/15/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

President
Jeff Burch
7629 NW 2nd St
Miami FL 33126

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
President
Jeff Burch
7629 NW 2nd St
Miami FL 33126

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 691, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95
DATE

(205) 265-9452
Telephone Number