SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995 F-3-95 B-76216-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:38

DOCUMENT # P94000063745 (1)

1. Corporation Name
BURMONT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1203 MIMOSA AVE. IMMOKALEE FL 33934	1203 MIMOSA AVE. IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0531588 ☐ 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

9. Name and Address of Current Registered Agent

MONTEZ, CINDY S
1203 MIMOSA AVENUE
IMMOKALEE FL 33934

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 (Typed or printed name of registered agent and title if applicable) (Registered agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	MONTEZ, BETTY SUE	12 NAME	
13 STREET ADDRESS	1203 MIMOSA AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	IMMOKALEE FL 33934	14 CITY ST ZIP	
21 TITLE	S	21 TITLE	☐ Change ☐ Addition
22 NAME	BURR, WILLIAM D	22 NAME	
23 STREET ADDRESS	1203 MIMOSA AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	IMMOKALEE FL 33934	24 CITY ST ZIP	
31 TITLE	V	31 TITLE	☐ Change ☐ Addition
32 NAME	MONTEZ, CINDY SUE	32 NAME	
33 STREET ADDRESS	1203 MIMOSA AVE.	33 STREET ADDRESS	
34 CITY ST ZIP	IMMOKALEE FL 33934	34 CITY ST ZIP	
41 TITLE	T	41 TITLE	☐ Change ☐ Addition
42 NAME	MONTEZ, RAMIRO	42 NAME	
43 STREET ADDRESS	1203 MIMOSA AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	IMMOKALEE FL 33934	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) 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)(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: Betty Sue Burr - Betty Sue Burr 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

941-657-2109
Telephone Number

01601774 PP