

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000014320 (2)

1. Corporation Name
BURTCH BUSINESS VENTURES, INC.



Principal Place of Business
529 MANDRAKE COVE
SUITE 5
FERN PARK FL 32730
US

Mailing Address
529 MANDRAKE COVE
SUITE 5
FERN PARK FL 32730-2757
US

2. Principal Place of Business
21 459 Hamptoncrest Circle
Suite, Apt. #, etc.
22 #107
City & State
23 Heathrow, FL
Zip
24 32746
Country
25 USA

2a. Mailing Address
26 459 Hamptoncrest Circle
Suite, Apt. #, etc.
27 #107
City & State
28 Heathrow, FL
Zip
29 32746
Country
30 USA

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
08/02/1996

4. FEI Number
59-3302573

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

BURTCH, KENNETH A
529 MANDRAKE COVE
SUITE 5
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
459 Hamptoncrest Circle
83 #107
84 City
Heathrow
85 Zip Code
FL 32746

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURTCH, KENNETH A	
STREET ADDRESS	529 MANDRAKE COVE #5	
CITY-ST-ZIP	FERN PARK FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BURTCH, NANCIE C	
STREET ADDRESS	529 MANDRAKE COVE #5	
CITY-ST-ZIP	FERN PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	459 Hamptoncrest Circle #107
1.4 CITY-ST-ZIP	Heathrow, FL 32746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	459 Hamptoncrest Circle #107
2.4 CITY-ST-ZIP	Heathrow, FL 32746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Kenneth A. Burtch

(407) 333-1787

CR2E034 (9/96)