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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra_B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000019562 (4)

DOCUMENT #
1. Corporation Name **BURNS WAREHOUSES INC.**



·							41 4111 #111 11 <u>1</u> 1
Principal Place	of Business	Malling Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AL DITION BILLS FLOT (DD)
102 HALES AUBURNO	S RD. ALE FL 33823	102 HALES RD. AUBURNDALE FL 33823					
						3. Date Incorporated or Qualified 3a. Date of Las 03/08/1995	t Report
******	ace of Business	2a. Mailing Address			***************************************	4. FEI Number	Applied For
21	4 -4-	26				65-057/247	Not Applicable
Suite, Apt. :	π, θlG.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.	75 Additional
City & State		City & Stoke			Fe	e Required	
23		City & State				.00 May Be	
Zip	Country	Zip Country		······································	A0	ded to Fees	
24	25			-1		This corporation has liability for intanglele tax under s 199.032, Florida Statutes	
4	9. Name and Address of Curr	ent Registered Agent	1			10. Name and Address of New Registered Agent	
				81	Name		
BURNS, PENNY				82	Ct	of Address (D.O. Pay Number is Not Assessed by	
	ALES RD.			62	Street Ad	et Address (P.O. Box Number is Not Acceptable)	
AUBUR	RNDALE FL 33823		,	83	·······		
			-		0"		
				84	City	3−1 1	Ziρ Code
SIGNATURE						poration submits this statement for the purpose of changing in part of directors. I hereby accept the appointment as register	ts registered office red agent. I am
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BURNS, PENNY		1,110	LE		☐ Chang	
NAME	102 HALES RD.	. 1.		1.2 NAME			ł
STREET ADDRESS	AUBURNDALE FL 33823	1.3 \$		1.3 STREET ADDRESS			
CITY-\$1-ZIP TITLE			1.4 CITY-ST-ZIP		- ZIP		
NAME		[DELETE	2 1 TITLE			Chang	e 🔲 Addition
STREET ADDRESS				22 NAME			
CITY-ST-ZIP				23 STREET ADDRESS			
TITLE		[] DELETE	2.4 C/TY - ST - Z/P		- ZIP	Physical	Bioline and a second
NAME		[_] Dittert	3 1 TITLE 3.2 NAME		Ť	Chang	e 🔲 Addition
STREET ADDRESS			1		ADÓRESS		
CITY-ST-ZIP			3.4 CITY				
TITLE	[] DELETE		4. 1 TIT		-211	Chang	e [] Addition
NAME				4.2 NAME		· · · · · · · · · · · · · · · · · · ·	C C Addition
STREET ADDRESS					DDRESS		
CITY - ST - ZIP			4.4 CITY				
TOTLE	F") DELETE		5 1 TiTi	·		[Chang	e Addition
NAME			5.2 NAN	5.2 NAME		****	
STREET ADDRESS	\$			5.3 STREET ADDRESS		000001837080 -05/23/9601056026	
CHTY-ST-ZIP				5.4 CITY - ST - ZIP		***200,00	
TITLE	Final Park Annual Control of the Con			6. 1 TITLE		☐ Chang	e [] Addition
NAME	6			6.2 NAME		``سنج	1-01
STREET ADDRESS	ADDRESS			63 STREET ADDRESS		3 -	76
City-St-ZiP			6.4 CITY	64 CITY - ST - ZIP		G	100
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I do 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)(k). 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 comparation 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 changed, or or an attachment will an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-92 941-967-0084