

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90149 005 ***150.00

DOCUMENT # P96000056543

1. Corporation Name

BURCKHART GROUP, INC.



Principal Place of Business

1981 HALIFAX AVENUE
MELBOURNE FL 32935

Mailing Address

1981 HALIFAX AVENUE
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3383855

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3015 KERSHAW CT

Suite, Apt. #, etc.

22

City & State

23 MELBOURNE FL

Zip

24 32934

Country

25 USA

2a. Mailing Address

26 3015 KERSHAW CT

Suite, Apt. #, etc.

27

City & State

28 MELBOURNE FL

Zip

29 32934

Country

30 USA

9. Name and Address of Current Registered Agent

BURCKHART, LARRY
1981 HALIFAX AVENUE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3015 KERSHAW CT

84

City MELBOURNE

FL

85 Zip Code

32934

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

16

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-99

407-253-5729

CR2E034 (11/98)