


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90048 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000056625</b>					
1. Corporation Name <b>HARRY BURNS ASSOCIATES, INCORPORATED</b>					
Principal Place of Business <b>235 NORTH STREET NEPTUNE BEACH FL 32266</b>			Mailing Address <b>235 NORTH STREET NEPTUNE BEACH FL 32266</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2802458</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BURNS, HARRY E JR. 235 NORTH STREET NEPTUNE BEACH FL 32266</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, THOMAS W		1.2 NAME	BURNS, HARRY E JR	
STREET ADDRESS	515 SELVA LAKES CIRCLE		1.3 STREET ADDRESS	235 NORTH STREET	
CITY-ST-ZIP	ATLANTIC B EACH FL 32233		1.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JEAN L		2.2 NAME	BURNS, JEAN L	
STREET ADDRESS	717 SOUTH PALM WAY		2.3 STREET ADDRESS	717 SOUTH PALM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, HARRY E JR.		3.2 NAME	BENNIC-BURNS, KATHY	
STREET ADDRESS	235 NORTH STREET		3.3 STREET ADDRESS	64 DOLPHIN BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		3.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNIC-BURNS, KATHY		4.2 NAME	BURNS, HARRY E III	
STREET ADDRESS	64 DOLPHIN BLVD		4.3 STREET ADDRESS	4843 129th AVE. N.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		4.4 CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **HARRY E. BURNS, JR., 1-7-99 (904)249-5743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)