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**

DOCUMENT # P97000032650

BURNSIDE ENTERPRISES SERVICES, INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90099 040 ***150.00



Principal Plac	e di busilless	Walling Address						
4848 KING LAKE DRIVE LAND O'LAKES FL 34639 4848 KING LAKE DRIVE LAND O'LAKES FL 34639			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					04/10/1997			
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For			
— ·	idea of Bacilloss	26			59-3437490 Not Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional			
	<i>n</i> , Glo.	 			5. Certificate of Status Desired Fee Required			
City & Stat		27 City & State		~	6. Election Campaign Financing \$5.00 May Be			
→ '	ic.	⊢ ¬ ′			7 Trust Fund Contribution Added to Fees			
23\	Country		Coun	tn/				
Zip			_	шу	8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29 30	<u> </u>		Personal Property Tax. Light Yes Light No. 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		81 Name	to. Name and Address of New Negistered Agent			
Di 10	INSIDE, JULIAN B		- 1	i ivanie				
			1	2 Street Address (P.O. Box Number is Not Acceptable)				
	B KING LAKE DRIVE							
LAN	D O'LAKES FL 34639]1	83				
			- 1	34 City	85 Zip Code			
•			1	1	FL T T T T T T T T T			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was auth	norized l	by the corpora	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: Re	enistered A	pent signature regu	uired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 πη	E	Change [Addition			
NAME	BURNSIDE, JULIAN B		1.2 NAM					
	AAAA KINAA LAKE BRUKE		J · · ·	EET ADDRESS				
STREET ADDRESS			ı					
CITY-ST-ZIP	LAND O'LAKES FL 34639	☐ DELETE	1 -	-ST-ZIP	☐ Change ☐ Addition			
TITLE	VSTD	C) beleve	2.1 TITL		Consider the second			
NAME	BURNSIDE, LIDIA		2.2 NAM	J				
STREET ADDRESS	4848 KING LAKE DRIVE		2.3 STR	EET ADDRESS	Ì			
CITY-ST-ZIP	LAND O'LAKES FL 34639			Y-ST-ZIP				
TITLE	••	☐ DELETE	3.1 TTTL	E	☐ Change ☐ Addition			
NAME			3.2 NAM	1E]				
STREET ADDRESS	}		3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		DELETE	4.1 TITL	E	☐ Change ☐ Addition			
NAME			4. 2 NA	AE .	ĺ			
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			B .	-ST-ZIP				
TITLE		DELETE	5.1 TITL		☐ Change ☐ Addition			
NAME			5.2 NAM	,				
	, -		L	EET ADDRESS	· ·			
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITL		☐ Change ☐ Addition			
TITLE	•	€ Nereie	6.2 NAM	- 1	C Augusta			
NAME								
STREET ADDRESS			2	EET 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)(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: