**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000065098**1. Corporation Name

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

04-22-1999 90150 002 \*\*\*150.00

BURKHART ENTERPRISES, INC.					:				
CANDON CONTRA									
Principal Place	e of Business	Mailing Address	<del></del>				NSBA REIGI	EB(I) 1011	MI (84) (89)
LOT 7 SHADOW OAKS LANE POST OFFICE BOX 958 OLD TOWN FL 32680 OLD TOWN FL 32680						DO NOT WRITE IN THIS SPACE			
			1			3. Date incorporated or Qualifed			
						07/28/1997			_ }
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	$\neg \gamma$	Appli	ed For
21		26				59-3460229		Not A	Applicable
_ Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> Add	
22		27				J. Certificate of Status Desired	Fe	e Requ	ired
City & Stat	e .	City & State				6. Election Campaign Financing	\$5	. <b>00</b> ма	ау Ве
23		28				Trust Fund Contribution	Ad	ded to f	Fees
Zip	Country	Zip	_ Coun	ntry		8. This corporation owes the current year into		erel.	<b>.</b> .
24	[25]	29 30	0			Personal Property Tax.	Yes		ÎNo
	9. Name and Address of Curren	ıt Registered Agent		24	<b>N</b> 1	10. Name and Address of New Registered	Agent		
ALAC	DILAMINED CHADTEDED			81	Name				ì
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	AL GABLES FL 33134		-					<del></del>	- 12
LUN	AL GABLES PL 33134			83					
2016	But he the first in		\ <u></u>	84	City		85	Zip Coo	de
						FL			
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607.0505, Florid	horized la Statu	by th	ne corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	ntment a	is regis	tered
	Signature, typed or printed name of registered ager		<u> </u>	Agent s	signature required v				<del></del>
12,		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Cha		Addition
TITLE	PD	☐ DELETE	1.1 7170		}			nye	☐ Addition
NAME	BURKHART, BRADLEY J SR		1.2 NA		}				{
STREET ADDRESS	LOT 7 SHADOW OAKS LANE				DDRESS				ļ
CITY-ST-ZIP	OLD TOWN FL 32680		1.4 CIT	Y-ST-	ZIP }				I
TTILE	STD	FIRE					- Chr		/ Addition
NAME		DELETE	2.1 1111				Cha	nge	Addition
STREET ADDRESS	BURKHART, KATHY	DELETE	2.2 NA	ME			☐ Cha	inge	Addition :
CITY-ST-ZIP	LOT 7 SHADOW OAKS LANE	<del>-</del>	2.2 NAM 2.3 STF	ME REET A	DDRESS		☐ Cha	inge	Addition :
		Andrew Andrew Co. C. C. St. Mark	2.2 NAM 2.3 STF 2.4 CIT	ME REET A TY-ST-	DDRESS	. ,			:
TITLE	LOT 7 SHADOW OAKS LANE	<del>-</del>	2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL	ME REET A RY-ST- LE	DDRESS		☐ Cha		Addition:
NAME	LOT 7 SHADOW OAKS LANE	Andrew Andrew Co. C. C. St. Mark	2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA	ME REET A TY-ST- LE ME	JODRESS ZIP				:
NAME STREET ADDRESS	LOT 7 SHADOW OAKS LANE	Andrew Andrew Co. C. C. St. Mark	2.2 NAM 2.3 STF 2.4 CM 3.1 TITL 3.2 NAM 3.3 STF	ME REET A TY-ST- LE ME REET A	LODRESSZIP				:
NAME STREET ADDRESS CITY-ST-ZIP	LOT 7 SHADOW OAKS LANE	DELETE	2.2 NAM 2.3 STF 2.4 CT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CT	ME REET A RY-ST- LE ME REET A RY-ST-	LODRESSZIP		☐ Cha	inge	: Addition
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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.