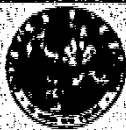


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 12:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S03584

(7)

1. Corporation Name

BURLINGTON WELLS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1990

3a. Date of Last Report

01/31/1994

4. FEI Number

59-3032308

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**BROWN, CHRISTOPHER H.G.
4830 W KENNEDY BLVD
SUITE 442
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
BROWN, CHRISTOPHER H.G.
3417 ELLENWOOD LN.
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
CARNEY, MICHAEL J
15420 BRUSKWOOD DR
TAMPA FL 33624**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
FOLKMAN, KEN
5300 BAYSHORE BLVD #58
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**6301 S. WOODHURST #1021
Tampa, FL. 33616**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☒ Addition

**CHIEF FINANCIAL OFFICER
MARGO V. HUNT
3609 JEFFERSON AVE
TAMPA, FL. 33629**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

**CHIEF OF M.S.S (MURKIN, 7/2/94)
BENJAMIN J. SHAWFIELD
3410 S. CASTLE ST UNIT D
Tampa, FL. 33629**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER H.G. BROWN

4/21/95

013.286.4121