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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$71579

(4)

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BURKE ASSOCIATES OF NAPLES, INC. Principal Place of Business Mailing Address 4220 B RACOON BAY 1329 FOX GRAPE COVE BONITA SPRINGS FL 33923 GERMANTOWN TN 36138-1608								
US		US				[A - D		
					 Date Incorporated or Qualified 08/02/1991 		ate of Last F 17/1996	төроп
2. Frincipa' Pl	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21 2)	#, etc. RIVERALE LANE	[26]			65-0281820			ot Applicable
22		Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired		Fee R	Additional equired
23 Bonin	A SPRINCS FL. 34134	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zp	Country	Zip	Count	try	8. This corporation has liability to		tax under s	
24 341	9, Name and Address of Current I	29	30			Yes [
CAD		registered Agent		1 Name	10. Name and Address of New R	egistered /	Agent	M
	RLICK, THOMAS B. Laurel oak dr			1				······································
	400		8	Street A	Address (P.O. Box Number is Not Accepta	ible)		
	PLES FL 33963		ē	3	7111 77			
			J _B	4 City			85 Zip	Code
			ì	1 7		FL	. 1 1 1	
11. Pursuant to office or n	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607.1508, Florida Statut Florida: Such change was a	es, the abo authorized l	we-named by the corp	corporation submits this statement for the oration's board of directors. I hereby accoration	purpose of apt the app	changing i ointment as	ts registered registered
agent. Fai	m lamiliar with and accept the obligation	ons of Section 607.0505, Flo	orida Statut	es	·			~
SIGNATURE	Styrodare, type, for ponted name of registered agent	and title if applicable (NOT)	E: Registered A	oent aignature	required when reinstating)	DATE		
12.	OFFICERS AND		13.	ngo; n u gji sanore	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
Tilef	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME (BURKE, M. JAMES		1.2 NAM	E				
STREET ADORESS	1329 FOX GRAPE COVE		1.3 STRE	ET ADDRESS				
CHY-ST ZIP	GERMANTOWN TN	Doggar	1.4 CiTY			······································	Channa	Adding
DILE	BURKE, PATRICIA ANN	DELETE	2.1 TITLE				Change	Addition
NAME STREZ LADDRESS	1329 FOX GRAPE COVE		2.2 NAM	ET ADDRESS				
City - ST - 2iP	GERMANTOWN TN			-ST-ZIP	,			
11'14		☐ DELETE	3.1 TITLE				☐ Change	Addition
N/ME			3.2 NAM	E			-	
STREET ADDRESS			33 STRE	ET ADDRESS		* *		
Coly-St-Z?	The second secon			-ST-ZIP			·	
TITLE		DELETE	4.1 TiTLE	Į.			Change	Addition
NAME			4. 2 NAN	4				
STREET 400PRESS				ET ADDRESS				
CITY - \$1 - 747		DELETE		-ST-ZIP			Change	Addition
1-1LF NAME		L. DELLIE	5.1 TiTLI 5.2 NAM	ì			⊏т очини̂с	T MOUNTAIN
NAME STREET ADDAESS				ET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
Diff		DELETE	6.1 TITLE				Change	Addition
NAM:			62 NAM	ì				
STEEL LADWALSS			1	ET ADDRESS				
C:1Y - S1 - Z/P				-ST-ZIP				
	by certify that the information supplied v	with this filing does not quali			ated in Section 119.07(3)(i), Florida Statut	es. I further	certify that	t the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 are not infector of the corporation or the receiver of 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 appearance with an address.

SIGNATURE:

M. James Bulle Mesial WT SIGNATURE THO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4/28/97

(9011-7533597

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