

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 532953

**Entity Name:** JOHN L. BURKHEAD, INC.

**Current Principal Place of Business:**

6100 TRAVIS BYNUM RD  
JAY, FL 32565

**Current Mailing Address:**

P.O. BOX 666  
JAY, FL 32565

**FEI Number:** 59-1738524

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKHEAD, JOHN L  
5188 PITNIC RD  
JAY, FL 32565 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BURKHEAD SR, JOHN L  
Address 5188 PITNIC RD  
City-State-Zip: JAY FL 32565

Title VM  
Name BURKHEAD JR, JOHN L  
Address 6150 TRAVIS BYNUM RD  
City-State-Zip: JAY FL 32565

Title ST  
Name BURKHEAD, EUVAUGHN  
Address 5188 PITNIC RD  
City-State-Zip: JAY FL 32565

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN BURKHEAD

**PRESIDENT**

**05/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date