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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000079631 (5)

1. Corporation Name  
**THE BULLEK HOLDING CORPORATION**

Principal Place of Business      Mailing Address  
**2431 ALOMA AVE SUITE 221 WINTER PARK FL 32792**      **2431 ALOMA AVE SUITE 221 WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/31/1994**      3a. Date of Last Report

4. FEI Number: **59-3281903**      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      2a. Mailing Address

21 **1211 12th Street**      26 Suite, Apt. #, etc.

22 City & State: **St. Cloud, FL**      27 City & State

24 Zip: **34769**      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**PIERCEFIELD, DAVID S  
2431 ALOMA AVE  
SUITE 221  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **BULLARD, ROBERT F**  
STREET ADDRESS: **1210 12TH ST**  
CITY - ST - ZIP: **ST CLOUD FL 34769**

TITLE: **D**  
NAME: **EKEN, RONALD C**  
STREET ADDRESS: **1210 12TH ST**  
CITY - ST - ZIP: **ST CLOUD FL 34769**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS: **1211 12th Street**  
1.4 CITY - ST - ZIP

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS: **1211 12th Street**  
2.4 CITY - ST - ZIP

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald C Eken*      Vice President      2/16/95      (407) 892-1711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number